

Office of the Registrar
University Withdrawal Form

(All fields outlined in red are REQUIRED. An answer must be provided in order to save form)

Name: _____ **PWID #:** _____

Campus Email: _____ **Phone #:** _____

Status:

Current Major: _____ **Advisor:** _____

Request Date: _____

Term & year you wish to withdraw: Fall 20__ Winter 20__ Spring 20__ Summer 20__

Check here if you have never attended courses for this term

Reason for leaving: _____

Do you plan to return to PennWest as a student in the future? YES NO

If yes, what term? _____

If transferring, where are you going? _____

Major at new University: _____

Any additional information you wish to provide:

Financial Aid Precaution:

If you are receiving federal financial aid, please be aware that a total withdrawal will likely result in your financial aid being adjusted and reduced. As a result, you would then owe payment to the University. It can also reduce your future eligibility for financial aid. **Please contact the Financial Aid Office before proceeding.**

Student Signature _____ **Date:** _____

Instructions:

- Student to complete form with all required information. **Digital signatures are preferred.**
- Once form is complete, please email signed form to Registrar@pennwest.edu.
- Please follow naming convention of: TERM_PWID_WITHDRAW
 - Example: 202330_P11100023_WITHDRAW