



For Registrar Use Only

Processed by \_\_\_\_\_ Date \_\_\_\_\_

Student Resource Center  
Drexel University  
3141 Chestnut Street, Suite 222  
Philadelphia, PA 19104  
215.895.2300

Revised 9/2008

## Withdrawal Form

By completing this form, you are effectively severing your relationship with Drexel University.

Effective Date of Withdrawal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Status: Undergraduate Graduate Freshman in 08/09 Academic Year: Yes No  
*If yes, return completed form to Main 308*

Name \_\_\_\_\_  
Last First Middle

University ID Number         Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
E-mail \_\_\_\_\_

Co-op Concentration: 4 year Co-op 5 year Co-op 4 year Non Co-op

<p><b>Reason for Withdrawal</b></p> <p>Select <i>all</i> applicable reasons for withdrawal:</p> <p>Academic Financial Transfer to Another Institution</p> <p>Other _____</p>	<p><b>Student Classifications</b></p> <p>Select <i>all</i> applicable classifications below:</p> <p>On-Campus Housing Meal Plan International Student</p> <p>Other _____</p>
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1. Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

<b>For Internal Use Only</b>		
2. Signature of Academic Advisor/Program Director	_____	Date _____
3. Signature of Residential Life Office Representative	_____	Date _____
	<i>If applicable</i>	
4. Signature of Co-operative Education Representative	_____	Date _____
	<i>If applicable</i>	
5. Signature of International Students and Scholars Office	_____	Date _____
	<i>If applicable</i>	
6. Signature of Financial Aid Representative	_____	Date _____
7. Signature of Billing Representative	_____	Date _____



## Withdrawal Process

### *Purpose*

Students use this form to formally withdraw from the institution, effectively severing their relationship with Drexel University.

### *Procedures [FOR FRESHMEN]*

1. Students are asked to indicate the appropriate reason and the effective date for their withdrawal. Student initiates the withdrawal process meeting with their academic advisor.
2. Advisor submits electronic withdrawal form and asks student to confirm their information and intention to withdraw in a meeting with the Office of the Provost in Main Building Room 308.
3. The electronic withdrawal form is reviewed by academic offices, billing and financial aid to assess student record and account status.
4. Student meets with Billing / Student Accounts to close out their University account. The process is not considered complete until student and Billing/Financial Aid signs final paperwork.
5. Withdrawal is complete. Student receives confirmation from Office of the Registrar.

Electronic approval will be obtained from the appropriate offices in lieu of physical signatures. The entire transaction will be completed in one business day.

### *Procedures [FOR UPPERCLASSMEN]*

Students are asked that they indicate the appropriate reason and effective date for their withdrawal. Students must then meet with their academic advisor to inform the advisor of their decision to leave the institution and obtain their signature. International students are required to inform a representative of the International Students and Scholars Services of their decision to leave the institution and secure a signature. Students must finally meet with a financial aid representative to discuss the financial aid implications of leaving the university.

The Withdrawal form with appropriate signatures must then be submitted to the Student Resource Center for processing.

Students who return from a withdrawal from the University must complete a Readmission form. Please note that students who withdrew from the institution and who were not in classes for four consecutive terms or more will be subject to any increases in tuition/billing schedules. Students seeking Readmission are asked to contact the Office of Student Accounts/Bursar for additional billing information.