ABRAHAM BALDWIN AGRICULTURAL COLLEGE
STUDENT WITHDRAWAL FORM

Submission of this form will result in a total withdrawal from the College for the semester indicated. Complete the information below and obtain clearance signatures as required. Refund (if any) is effective the date the signed form is returned to Academic Support or Student Development, whichever is necessary.

Student Name _____________________________________________ ID # __________________

Present Address __________________________________________________________________________
Street City/State Zip Code

Telephone __________________________ Major __________________________

Reason for Withdrawal: _________________________________________________________________

Please indicate term of withdrawal: _____ Fall _____ Spring _____ Summer of ________ (Year)

REQUIRED CLEARANCE SIGNATURES

Student Development _______________________________ Date__________________

Medical Pending: Yes ☐ No ☐

Student Financial Services ______________________________ Date __________________

Housing ___________________________________________ Date __________________

The student should sign this form below only after clearance signatures have been obtained from the offices listed above.

Student Signature: _______________________________ Date: __________________

CRN        Instructor            Grade Assignment
__________  ________________           W  or  WF

__________  ________________           W  or  WF

__________  ________________           W  or  WF

__________  ________________           W  or  WF

__________  ________________           W  or  WF

If NOT medical, processed by: Academic Support Counselor: _______________________________
Date: ___________________ SFAWDRL ________ SFAREGS _______

Memo to Instructors, SFS: ____________

Revised: 3/28/20