

# 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
_____	_____	W or WF

**If NOT medical, processed by:** Academic Support Counselor: \_\_\_\_\_

Date: \_\_\_\_\_ SFAWDRL \_\_\_\_\_ SFAREGS \_\_\_\_\_

Memo to Instructors, SFS: \_\_\_\_\_