

## Claflin University STUDENT WITHDRAWAL FORM

To be completed by students requesting to officially withdraw from ALL classes at the university.

Be sure to check the Academic Calendar for official withdrawal dates.

	DATE:  CU ID#			
NAME:				
PERMANENT ADDRESS:				
TELEPHONE: ()	MAJOR:			
PLEASE CHECK THE GENERAL ARE	A(S) OF CONCER	N:		
( ) Medical* ( ) Financial ( ) Academic ( ) Career Objective Change	<ul><li>( ) Address Changed</li><li>( ) Social Campus Life</li><li>( ) Schedule Conflict</li><li>( ) Personal/Family</li></ul>		<ul><li>( ) Peer Pressure</li><li>( ) Emotional</li><li>( ) Faculty Relations</li><li>( ) Other (explain below)</li></ul>	
*If you are leaving for medical rea Department. Please do not provic Will you return at a later date?				
Would you recommend Claflin University to a relative or a frie			( ) Yes	( ) No
FORM WILL BE PROCES	SSED IN THE ORDER I	NDICATED BELOW. SIG	NATURES ARE REC	QUIRED.
Student	Date	Date Library (Circulatio		Date
Director of Freshmen College(Freshmen	n ONLY) Date Default Manag		(Financial Aid)	Date
Director of Counseling	Date	Director of Finance	cial Aid	Date
School Dean	Date	Date Vice President for Fis		Date
Director of Residential Life	Date	Registrar		Date

IMPORTANT: PROPER WITHDRAWAL FROM THE UNIVERSITY WILL RESULT IN A NOTATION OF "W" BEING PLACED BESIDE EACH COURSE THE STUDENT ENROLLED IN THE SEMESTER OR SUMMER TERM OF THE WITHDRAWAL. FAILURE TO PROPERLY WITHDRAW WILL RESULT IN "F" GRADES FOR EACH COURSE. ANY WITHDRAWAL INITIATED AFTER THE PUBLISHED LAST DAY TO WITHDRAW WILL RESULT IN GRADES OF "WF" WHICH WILL CALCULATE INTO YOUR GPA THE SAME AS GRADES OF "F". Adjustments to tuition only will be made to a student's account based on the date the student "officially" initiated the withdrawal process. For additional details, please review one of the following: "Institutional Refund Policy for Fees" under Student Accounts on the Claflin UniversityWebsite, or see the policy in the university catalog. Students may also contact Student Accounts.