



Office of the University Registrar
 1837 University Circle, Cheyney, PA 19319
 Ph: 610-399-2225

UNDERGRADUATE TERM WITHDRAWAL

Instructions: This form should only be used for complete withdrawal from Cheyney University for the term indicated below. All courses will be withdrawn from your record and given a grade of "W" for the indicated term. Military withdrawals will be given an "M" for the indicated term. This form may be faxed to (610) 399-2411, ATTN: WITHDRAWAL. **Incomplete forms will not be processed. Before a student can be withdrawn, they are required to meet with someone in University College. To schedule an appointment, please call 610-399-2604. **GRADUATE STUDENTS must go to the DEAN'S OFFICE to withdraw****

Student Name: _____

Address: _____ **Phone:** _____

Please check only one category

Term: Fall _____ Winter _____ Spring _____ Summer _____
(Year) (Year) (Year) (Year & Session)

Are you withdrawing from the University? YES NO

ARE YOU A NEW TRANSFER STUDENT THIS SEMESTER? YES NO

Are you a Keystone Honors Student? If yes, please have the Dean of Keystone Honors initial this form next to your signature.

REASON FOR WITHDRAWAL: Please refer to the Undergraduate Catalog for the Withdrawal Policy.
 Attach documentation if necessary.

- Medical Family Military* Transferred to Another College
- Employment Financial Reasons Personal Reasons Transportation Issues
- Practical Experience Moving from Area Other: _____

*Are you withdrawing due to you or your spouse being ordered to active duty military service from reserve standing? If yes, please include a copy of the military orders. YES NO

• If your spouse is being called to active duty, please also include a copy of your marriage license.

Living in campus residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> If living on campus, this form must be signed by the Director of Housing. (Burleigh Hall 324) Housing Operations & Auxiliary Services Ph: 610-399-2428 _____ Date: _____
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I am requesting to be withdrawn from Cheyney University for the term indicated. I understand that my withdrawal may affect my financial aid and that if I have any financial obligation to the University, my academic records will be sealed until such obligations have been cleared. I acknowledge that failure to provide all necessary information on/with this form may result in this form not being processed.

Student's Signature (required): _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

University College: _____ **Date:** _____

Financial Aid: _____ **Date:** _____

¹ Final forms should be housed in the Registrar's and Provost's Office

² Withdrawal letter should be emailed to Department Chair, Provost's Office and Registrar's Office.

Office Use Only

Processed by: _____ Date: _____

Withdrawal Effective Date: _____ Last Date of Attendance: _____