



Office of the University Registrar  
 1837 University Circle, Cheyney, PA 19319  
 Phone: 610-399-2225 Email: [registrar@cheyney.edu](mailto:registrar@cheyney.edu)

### UNIVERSITY WITHDRAWAL FORM

**Instructions:** This form should only be used for complete withdrawal from Cheyney University for the term indicated. All registered courses for the term will be noted with a final grade of "W" on your official transcript. Military withdrawals will be given an "M" for the indicated term. As part of the withdrawal process, your iPad must be returned to the Registrar's Office. **Incomplete forms will not be processed or forms submitted without returning the iPad will not be processed and a HOLD will be placed on your record.**

**Student Name:** \_\_\_\_\_ **ID Number** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

**Current semester and year** \_\_\_\_\_

Are you planning to return to the University? \_\_\_\_\_ If yes, for what semester? \_\_\_\_\_

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:**

*Attach documentation if necessary.*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Medical              | <input type="checkbox"/> Family            | <input type="checkbox"/> Military*             | <input type="checkbox"/> Transfer to Another College |
| <input type="checkbox"/> Employment           | <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Transportation Issues | <input type="checkbox"/> Personal Reasons            |
| <input type="checkbox"/> Practical Experience | <input type="checkbox"/> Moving from Area  | <input type="checkbox"/> 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"> <li>If living on campus, this form must be signed by the Director of Housing. (Burleigh Hall 324B)</li> <li>Housing Operations &amp; Auxiliary Services Ph: 610-399-2428</li> </ul> _____ Date: _____
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I'm requesting to be withdrawn from Cheyney University for the term indicated.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:** \_\_\_\_\_ **Keystone:** \_\_\_\_\_

**Advisor signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bursar signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Aid signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar's Office signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This Form must be handed to the Registrar's offices for processing.**

<u>Registrar's Office Use</u>	
Processed by: _____	Date: _____
Withdrawal Effective Date: _____	Last Date of Attendance: _____