



Office of the University Registrar
 1837 University Circle, PO Box 200
 Cheyney, PA 19319
 Phone: 610-399-2225 Fax: 610-399-2118
 Email: 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. Students submitting a form without returning the iPad will have a HOLD placed on their record and have a \$250 unreturned iPad charge added to their account.**

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"> If living on campus, this form must be signed by the Director of Housing. (Burleigh Hall 324B) Housing Operations & Auxiliary Services Ph: 610-399-2428 _____ 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I'm requesting to be withdrawn from Cheyney University for the term indicated.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:** _____

Exec Dir of Student Life's signature (required): _____ **Date:** _____

Advisor's signature (required): _____ **Date:** _____

Bursar's signature (required): _____ **Date:** _____

Financial Aid's signature (required): _____ **Date:** _____

This form must be submitted to the Registrar's Office for the student to officially be processed as withdrawn from the university.

Registrar's Office Use

Withdrawal Effective Date: _____ Last Date of Attendance: _____

Registrar's Office signature (required): _____ Date: _____