

# Student Withdrawal Request

*Print or Type All Information.*

**The official date of withdrawal is the date this Withdrawal Request is initiated and signed by the student. Refunds and grades will be determined by this date in accordance with OSUIT withdrawal policy.**

Name \_\_\_\_\_ CWID \_\_\_\_\_

Program of Study \_\_\_\_\_ Semester \_\_\_\_\_ Last Day of Class Attendance \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Forwarding Information:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_ Alt Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email Address \_\_\_\_\_

Do you plan to return to OSUIT?  Yes  No When? \_\_\_\_\_

**It is advised that all students contact the following department(s) prior to withdrawal from school.**

*Comments / Signatures from Advisors:*

Academic Department / Advisor	
Bursar's Office / Cashier's Office	
Student Financial Services	
Residential Life (on-campus students only)	

Have you contacted the above departments?  Yes  No, I accept all responsibilities for my withdrawal.

**I accept any and all academic and financial consequences of my withdrawal from OSUIT.**

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Withdrawal** (student has attended)

**Cancel** (Student has never attended)

**University Appeals Committee:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_