

Office of the Registrar
122 Carrier Administration Building
Clarion, PA 16214-1232
Fax # 814-393-2039

Official University Withdrawal Form

Instructions: Please complete and return with the required signatures to the Office of the Registrar. The effective date of a University Withdrawal is the date in which this form is turned in to the Office of the Registrar (or we receive notification). Please contact the office of Financial Aid (814-393-2315) for an analysis of how your withdrawal date will affect your current and future financial aid.

Clarion ID _____ Current Date _____

Name _____
Last First Middle

Major: _____ Campus: Clarion Venango Pittsburgh Other

Effective Term of Withdrawal: Fall Winter Intersession Spring

Year _____
 Pre Summer I Summer II

Do you plan to return to Clarion? yes no If so, what semester/year? _____

Reason for Withdrawal (check one)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> A-academic | <input type="checkbox"/> E-employment | <input type="checkbox"/> F-financial |
| <input type="checkbox"/> H-health/accident | <input type="checkbox"/> M-military | <input type="checkbox"/> P-personal |
| <input type="checkbox"/> R-relocating | <input type="checkbox"/> T-transfer reason: _____ | |
| <input type="checkbox"/> W-withdrawal by university | <input type="checkbox"/> Other, please specify _____ | |
- _____

Is there someone within a particular area of the university with whom you would like to speak prior to completing the withdrawal process?

Office or Area _____ Name (if known) _____

Student Signature/date: _____