

Student ID: _____ Email (other than Barry): _____ Preferred Phone #: _____

Name: _____
Last First Middle

Address: _____ City: _____ State: _____ ZIP: _____

Term: Please check the appropriate term and if applicable the appropriate session.

Year: _____ Term: _____ Session: A _____ B _____ (Summer Only): I _____ II _____ Receiving VA Education Benefits: Yes? _____ No? _____
(Fall/Spring/Summer) (Military/Veteran/Dependent)

Type of Withdrawal: Permanent _____ University Suspension _____ Leave of Absence* _____ *please provide date of return: _____

Graduate Student: _____ First Semester Undergraduate Student: _____ Undergraduate Student (Returning): _____

Indicate reason(s) for withdrawing: Rank the top three reasons in order of importance (1= most important, 3= least important). Use the dropdown next to the reason to select rank.

- _____ Academic Difficulties (e.g., grades, coursework challenges)
- _____ Financial Issues (e.g., tuition, lack of aid, unexpected expenses)
- _____ Personal health (e.g., illness, disability)
- _____ Family or personal responsibilities (e.g., caregiving, family issues)
- _____ Employment conflicts (e.g., work schedule, job demands)
- _____ Housing or residential life issues (e.g., affordability, conflicts)
- _____ Safety concerns (e.g., campus safety, personal security)
- _____ Lack of engagement (e.g., campus life, community integration)
- _____ Desire to transfer to another institution
- _____ Military service (e.g., active duty, federal foreign aid service)
- _____ Missionary or religious service
- _____ Registered but never attended
- _____ Transfer to another Athletic Program

Other (Please specify): _____

I certify that the information given in this withdrawal is complete and accurate. I am aware that withdrawing from Barry University may affect my financial status at the University, and I take full responsibility for any additional financial obligation that may result because of my withdrawal. *Please send completed form to your Academic Advisor for further processing.

Student _____ Date* _____ Advisor _____ Date _____
Signature Signature

Dean _____ Effective Date of Withdrawal (Required) _____
Signature

Date of Determination (date institution became aware that student ceased attendance) (Required) _____

If student received federal aid or was otherwise eligible for federal aid, Return of Title IV Funds calculation must be completed within 30 days

To be completed by the Office of Financial Aid:

- Student received financial aid? Yes _____ No _____
- If student received federal loans, student has been provided with loan exit materials. Yes _____ No _____
- Student has been counseled on Standards of Academic Progress policies? Yes _____ No _____
- Student has been counseled on how this withdrawal will affect future receipt of financial aid? Yes _____ No _____

Financial Aid Counselor _____ Date _____

To be completed by the Office of the Registrar:

- Processed by: _____ Date _____
- Comments: _____

Copies to:

Student: _____ Academic Advisor: _____ Health Office: _____

(If applicable): Residential Life _____ Intercultural Center: _____ Military/Veterans Services: _____