

# MARIAN UNIVERSITY

## OFFICE OF THE REGISTRAR

45 S. National Ave., Fond du Lac, WI 54935  
(920) 923-7618 • 1-800-262-7426, ext. 7618 • (920) 926-6708 Fax • [registraroffice@marianuniversity.edu](mailto:registraroffice@marianuniversity.edu)

### WITHDRAW FROM THE UNIVERSITY REQUEST FORM

Name: Last First Middle Initial Social Security No. or Student ID #

Address: Street City State Zip

Primary Phone: Secondary Phone: E-mail:

#### Withdraw from University

I request to officially withdraw from Marian University. In the event that I choose to return to Marian University, I understand that I will not maintain continuous enrollment at the University and I will be required to submit a formal re-application to the University upon my return. At that time I acknowledge that I will be responsible to submit the following:

1. A complete Marian University application (paper form or online form accepted)
2. An official transcript from each college or university attended since last enrolled at Marian University

Date of Notification: \_\_\_\_\_  
Month Day Year

- I intend to complete the current semester.
- I intend to return to Marian University. Indicate the semester and year that you will be returning to Marian University: \_\_\_\_\_
- I intend to transfer to: \_\_\_\_\_

Reason for Withdrawal (check all that apply): Academic Transfer Employment Financial Medical Personal

Explain reason for withdrawal from Marian University below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing, I understand that withdrawal from the University at this time may or may not affect financial aid awards, scholarship awards, athletic eligibility, Veteran Education benefits, or ROTC benefits. I realize that although financial aid was disbursed to my account to attend Marian University based on my original enrollment for this semester, I may be required by federal law to repay some or all of my financial aid due to changing my enrollment. I have read and understand the responsibilities as outlined on the next page.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		<b>Referred Student to Coordinator of Student Success: Initials/Date</b> _____ / _____	
		<b><u>Student Workflow Requirements:</u></b>	
		<b>Separation Date:</b> _____ <b>for Year/Term(s):</b> _____ (date the school official was informed of the student's withdrawal from the University)	
Prior to End of Add/Drop, course(s) dropped:	<input type="checkbox"/>	Yr./Term <input type="checkbox"/>	<b>Enrolled Status Field</b> updated to: _____ Date above entered: <input type="checkbox"/> <input type="checkbox"/>
After Add/Drop period, "WD" grades assigned:	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enrolled Status Field</b> updated to: _____ Date above entered: <input type="checkbox"/> <input type="checkbox"/>
Future Semester Registration - courses dropped:	<input type="checkbox"/>	<input type="checkbox"/>	<b>Last Date of "Academically Related Activity" from attendance:</b> _____
		<b><u>Transcript Workflow Requirements</u></b>	
		<b>Withdrawal Date:</b> _____ Withdrawal Date entered in "Notes": <input type="checkbox"/> (last date of "seat time" if different from the separation date - Used to base prorated tuition refund)	
<b>Type of Student (circle one):</b> Trad. Adult Grad.		<b>Attended</b> _____ <b>weeks out of</b> _____ <b>total weeks</b>	
<b>Email:</b> Advisor <input type="checkbox"/> Student Life <input type="checkbox"/> Library <input type="checkbox"/> Fin. Aid <input type="checkbox"/>		Bus. Office <input type="checkbox"/> I.T. <input type="checkbox"/> Dean of Advising <input type="checkbox"/> VPSE <input type="checkbox"/> DSO <input type="checkbox"/> Athletic Dept. <input type="checkbox"/>	
Admissions <input type="checkbox"/> TRIO/SSS <input type="checkbox"/> Student Success <input type="checkbox"/>		VA Certifying Official <input type="checkbox"/>	
<b>Final Attendance Report printed for student file</b> <input type="checkbox"/>			
<b>VAONCE updated:</b> <input type="checkbox"/> Date/Initials: _____		<b>National Student Clearinghouse Notified</b> <input type="checkbox"/> Date/Initials: _____	
Registrar's Signature: _____		Processed by: _____ Date: _____	

