



University Registrar Use	
Date Received: _____	Received by: _____
Date Processed: _____	Processed by: _____

Student University Withdrawal Request

This request is for full withdrawal from **all** university courses you are enrolled in for the current term. Please complete all fields electronically or in pen and obtain all required signatures **prior** to submitting to the Registrar’s office. Refer to the university’s undergraduate or graduate [Withdrawal Policies](#) for more information. Withdrawn courses may be subject to the [Excess Credit Hour Surcharge](#) policy for Undergraduate Students.

NOTE: International students must contact ISS prior to requesting a university withdrawal.

LAST: _____ FIRST: _____ MI: _____
STUDENT ID: _____ EMAIL: _____@floridapoly.com

Step 1: Enter Withdrawal Information

CURRENT TERM: Fall Spring Summer 20_____

Request to withdraw effective: Immediately (*withdrawn from all classes in current term, if before withdrawal deadline*)
 After the end of the current term indicated above. (*final grades will be issued for this term*)

Do you plan to return to Florida Poly? Yes No ***If "YES", when? Term:** _____ **Year:** _____

Are you receiving Veteran’s Benefits: Yes No

Do reside in on-campus housing? Yes No ***If "NO", do you have a meal plan?** Yes No

***Please notify housing and meal services of your intent to withdraw prior to submitting your withdrawal request.**

CHECK ALL THAT APPLY

Reason for Withdrawal: Academic Health Financial Relocation Work/Life Conflict Military
 Registration Related Transportation/Distance Other: _____
 Transferring to another College/University: If so, where? _____

Step 2: Obtain All Required Signatures (in order listed below – underlined hyperlinks route to department emails)

Department	Required Staff Signature and Date
Student Affairs (REQUIRED)	
Student Business Services (REQUIRED)	
Academic Advisor (REQUIRED)	
Financial Aid Office (REQUIRED)	
International Student Services (REQUIRED FOR INTERNATIONAL STUDENTS ONLY)	

Step 3: Student Confirmation

By signing below, I confirm I have reviewed and understand the university policies for withdrawals as applicable to my student level. I understand that I am responsible for any costs that may be associated with this withdrawal, which may include the excess credit hour surcharge (as applicable). I request to be withdrawn from all courses at Florida Polytechnic University as indicated on this form.

Student’s Signature: _____ Date: _____