STUDENT WITHDRAWAL FORM

Withdrawal for: Term: __________ Year: __________ Date of Withdrawal: __________

Student ID

Name: __________________________ Major (Plan): __________________________

School/College (Acad Group):

Do you plan to return to FIU? □ Yes □ No If Yes, When Term: __________ Year: __________

Reason for Withdrawal:

□ Work/class conflict □ health □ financial □ transportation problems/distance
□ Course/registration related □ relocation □ academic guidance □ other

Explanation: ____________________________________________________________

Have you encountered any major problems at FIU that you feel could have been avoided? ____________________________________________________________

WITHDRAWAL CHECKLIST (Signature Required)

Cashier's Office

Financial Aid Office

Library Circulation Desk

International Student Advisor (If Applicable)

Veteran's Office (If applicable)

Are you receiving Veteran's Benefits? □ Yes □ No

If Yes, please complete the course information below:

<table>
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<tr>
<th>Course Ref # (Class Number)</th>
<th>Course (Prefix Subject)</th>
<th>Course Number (Catalog Number)</th>
<th>Section</th>
<th>Instructors Information on Last Day of Attendance</th>
<th>Last Date of Attendance</th>
<th>Signature of Instructor</th>
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Student's Signature: __________________________ Date: __________ Address: __________________________

City: __________________________ State: __________________________ Zip Code: __________________________

SUBMISSION INSTRUCTIONS

1) Submit form to a OneStop Enrollment Coordinator in:
   MMC, SASC Building, 1st Floor; Phone: 305-348-7000
   BBC, AC1 100; Phone: 305-348-7000

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