STUDENT WITHDRAWAL FORM

Note: This form should be used to withdraw from all courses (subjects) enrolled in the current semester. If this form is submitted during the second through the eighth week of the semester, a "WI" grade will be posted for each course. Fee liability will be maintained for each course. Directions: This form should be completed and signed by the following offices:

Library Circulation Desk
Cashier's Office
Financial Aid Office
International Student Advisor (if applicable)
A Signature is required from each instructor indicating the last day of attendance

Once completed, please return this form to the Office of the Registrar:

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? ________________________________________________________________

WITZRAWAL CHECKLIST (Signature Required)

Cashier’s Office

Veteran’s Office (If applicable)

Financial Aid Office

Are you receiving Veteran’s Benefits? [ ] Yes [ ] No

Library Circulation Desk

If Yes, please complete the course information below:

International Student Advisor (If Applicable)

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<tr>
<th>Course Ref #</th>
<th>Course (Prefix Subject)</th>
<th>Course Number (Catalog Number)</th>
<th>Section</th>
<th>Last Date of Attendance</th>
<th>Instructors Information on Last Day 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

Rev.18