STUDENT WITHDRAWAL FORM

Note: This form should be used to withdraw from all courses with WI grades for the current semester or withdraw from the University permanently. This completed form must be submitted by the withdrawal semester deadline as indicated on the Academic Calendar. A "WI" grade will be posted for each course. Fee liability will be maintained for each course. Students that do not enroll in any course at the University for three or more consecutive terms will be required to apply for re-admission.

Directions: This form should be completed and signed by the following offices: Library Circulation Desk, Cashier’s Office, Financial Aid Office, Veteran’s Office (if applicable), and International Student Advisor (if applicable).

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

Student ID: ____________________________ Name: ______________________________________

Do you plan to return to FIU?

☐ Yes, Term: ___________ Year: ___________

☐ No You are requesting a discontinuation of your current program.

Reason for Withdrawal:

☐Work/class conflict ☐Health ☐Financial ☐Transportation problems/distance

☐Course/registration related ☐Relocation ☐Academic guidance ☐Other

Please explain: _______________________________________________________________________

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

____________________________________________________________________________________

WITHDRAWAL CHECKLIST (Signature Required)

______________________________________ ______________________________________

Cashier’s Office Veteran’s Office (If applicable)

______________________________________ Are you receiving Veteran’s Benefits?

☐Yes ☐No

______________________________________ If yes, please complete the course information below:

Financial Aid Office

______________________________________

Library Circulation Desk

______________________________________

International Student Advisor (If applicable)

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<tr>
<th>Class Number</th>
<th>Prefix</th>
<th>Subject</th>
<th>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: __________________

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