

WITHDRAWAL FORM

TERM: _____ YEAR: _____

FOR OFFICE USE ONLY
Receipt Date

CAUTION: Use this form ONLY if you are dropping ALL of your classes.

It is the responsibility of the student to complete all parts of this form. Your withdrawal is effective as of the date this completed form is returned and received by the Office of Admissions and Records. Receipt date will be used to determine the amount of rebate from the total bill. **University of Colorado policy is that no refunds will be granted for withdrawals after the term or course census date, except by written appeal.** This form serves as your written appeal for any refund based upon published withdrawal deadlines.

STUDENT NUMBER	LAST NAME	FIRST NAME	MIDDLE/MAIDEN NAME
MAILING ADDRESS – STREET		CITY	STATE
HOME PHONE	CELL PHONE	WORK PHONE	

YOUR SCHOOL OR COLLEGE (circle): BUS EDUC ENGR LAS NURS SPA UNCL

1. All students must receive approval from the Bursar/Cashier's Office:
BURSAR SIGNATURE: _____

2. Did you receive an award from the UCCS Financial Aid Office? (Including Stafford (GSL), SLS, PLUS, or Perkins Loans) YES NO **If YES, obtain Financial Aid Officer Signature.**
FINANCIAL AID OFFICER SIGNATURE: _____

3. Are you receiving benefits from the V.A.? YES NO **If YES, obtain Veteran's Affairs signature.**
VETERAN'S AFFAIRS OFFICER SIGNATURE: _____

4. Do you plan to re-enroll at UCCS in the future? YES NO
 If YES, when? _____ If NO, why not? _____

5. Is there anything the University could have done to enable you to complete your classes this semester?

6. Would you like to speak with someone today regarding your experience this semester and/or your enrollment in the future? YES NO

7. Would you like someone from the University to contact you later? YES NO

8. How would you grade your overall experience at UCCS? A B C D F

9. Reason for Withdrawal/Other Comments: _____

Complete the left side of the form below. Have your instructor(s) complete that part pertaining to their class. (See Schedule of Courses regarding deadlines for the required signatures.)

DEPT	COURSE NO	SECTION	CREDIT HOURS	DATE OF LAST ATTENDANCE

GRADE TO DATE	INSTRUCTOR SIGNATURE

Student's Dean Signature: _____ **Date:** _____

X _____ **Student Signature** _____ **Date** _____