

SAMFORD UNIVERSITY WITHDRAWAL REQUEST

Return the completed form to the Office of the Registrar, 800 Lakeshore Drive, Birmingham, AL 35229
205-726-2908 (fax) or print, scan and email to kdraybur@samford.edu (Karen Rayburn)

Contact Financial Aid (205-726-2905) for information if you currently have any type of financial assistance

Date Phone # SU ID

Full Name

Address City, State, Zip

Term withdrawing from: Fall (A) (B) Jan Term Spring (A) (B) Summer 1 Summer 2 Summer 3 14 week summer

Please circle class: FR SO JR SR Grad Divinity Pharmacy Public Health Other

REQUIRED: Last date you attended class(es) in person or on-line

Do you intend to return to Samford University? Yes No If yes, when? _____

Are you an international student? Yes No

Signature of International Student Advisor if "Yes"

Are you an athlete? Yes No

Signature of Athletic Student Advisor if "Yes"

Student Signature

Signature of College or School Rep. (see list below)

- | | |
|------------------------------|------------------------------------|
| A & S or Undeclared | Dana Basinger |
| Arts | Cameron Barnes |
| Business | Barbara Cartledge |
| Divinity | Donna Harless |
| Education | Bonnie Rabe or Monique Witherspoon |
| Undergrad Nursing | Jan Paine |
| Graduate Nursing | Allison Maddox |
| Undergrad Pharmacy | Jon Parker |
| Graduate Pharmacy | Michael Kendrach |
| Health Prof. and Pub. Health | Marian Carter |
| Professional Studies | Bryan Gill |

Reason for withdrawing:

----- For Office Use Only -----

Term/Semester Credit: 100% 90% 75% 50% 25% 0%

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Refund: Total Charges:

Amount Refunded: