



INSTITUTIONAL WITHDRAWAL FORM

Type of withdrawal	Official		Unofficial	

An official withdrawal is initiated by the student. An unofficial withdrawal is initiated by the College.

Date of completion of form: _____ Student's Name: _____

Student ID: _____ Last 4 digits SSN: _____ xxx-xx-

Address: _____

Driver's license #/state: _____ Alternative Email: _____

Telephone number: _____ Major/Program: Nursing-ASN

Number of Program Hours/Credits completed: _____ Last Date of Attendance: _____

INDICATE REASON(S) FOR WITHDRAWING FROM AZURE COLLEGE: (Check all that apply)

<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Disciplinary – Expulsion	<input type="checkbox"/> Financial Problems
<input type="checkbox"/> Death	<input type="checkbox"/> Employment – Related	<input type="checkbox"/> Military Service
<input type="checkbox"/> Academic Dishonesty	<input type="checkbox"/> Program Closure	<input type="checkbox"/> Program Change
<input type="checkbox"/> Failed Exams	<input type="checkbox"/> SAP Unsatisfactory progress	<input type="checkbox"/> Program Dismissal
<input type="checkbox"/> Violation of Security Policy	<input type="checkbox"/> Unsatisfactory Academic progress	<input type="checkbox"/> Relocation
<input type="checkbox"/> Not meeting criminal background check and/or Physical Requirements		
<input type="checkbox"/> Personal Reasons:(list reasons)		
<input type="checkbox"/> Violation of Student Code of Conduct:(list violations)		
<input type="checkbox"/> Other:		

If student not present how was the information obtained? (Attach supporting documentation)

Academic Advisement: Based on our records, we have sent the following communication notices to you about your status:

Reminder were sent _____ and student did not respond

Finance Department will review student finance account, if any balance is due, student will be informed of the outcome via email.

Student Signature: _____ Date: _____

Student Service: _____ Date: _____

Program Administrator: _____ Date: _____

STEP 2: Students withdrawal request will be processed so students are advised of any financial implications.

- Student received Veterans Benefits? [] Yes [X] No
- Student has been counseled on Standards of Academic Progress policies and how this withdrawal will affect future receipt of financial assistance.[X] Yes [] No
- Student has been counseled and/or received a copy of the “Cancellation and Refund policy.”
[X] Yes [] No

Student will receive a Final Student Balance Letter via email within 5-7 business days after withdrawal

I certify that the information given in this withdrawal is complete and accurate. I am withdrawing from all my courses. My registration for all future course registrations will be cancelled. I am aware that withdrawing from Azure College may affect my financial assistance at the College, and I take full responsibility for any additional financial obligation that may result because of my withdrawal.

Student Signature/Date: _____

OFFICE USE ONLY

Return the completed form to the registrar’s office. Email completed forms and advisements to collegeregistrar@azure.edu via student management system for processing.

- Attendance (if applicable) attached
- Other documentation

Approved by College President/Corporate Administrator
**approval may be sent electronically*

Date