

Please complete, print & obtain signatures. Return to Registrar's Office upon completion.

University Withdrawal Form
Registrar's Office, Frostburg State University
Phone (301) 687-4346 Fax (301) 687-4597

Date form was returned
(Effective Date)

1. _____
Last Name, First Name Middle/Maiden

PAWS/Student ID#

Reason for Withdrawal:

Student's Signature Date

2. _____
Center for Academic Advising & Retention's Signature Date
(Rm. 140, Pullen Hall)

3. _____
Financial Aid's Signature (Rm. 114, Pullen Hall) Date

4. _____
Bursar's Signature (Rm. 148, Pullen Hall) Date

Please Note: If you wish to apply for a leave of absence, please see separate form.
If you are an International Student, please see the Director of International Studies prior to withdrawing.

After the "W" period: To withdraw from the University with "W" grades you must present documentation of extenuating circumstances to the Office of the Vice President for Student and Educational Services.



HERE AND RETURN THIS FORM TO THE REGISTRAR'S OFFICE UNLESS YOU ARE WITHDRAWING FOR EXTENUATING CIRCUMSTANCES AFTER THE "W" PERIOD.

5. _____
Student Affairs Signature Date
Room 116, Hitchins Administration Bldg.

Office of the Provost Signature Date
Room 213, Hitchins Administration Bldg.

W grades approved? Yes No

SES/Provost Use Only:
Effective Date of Withdrawal: _____ (If an earlier date is to be used)

Office use only:
_____ Regd/Not Regd _____ Term Hist/ProgPlan _____ Activ/Trans Text