



## 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](mailto:kdraybur@samford.edu) (Karen Rayburn)

A student may fully withdraw from the current semester no later than the official date published in the academic calendar by submitting this completed form to the Office of the Registrar.

For information regarding the student withdrawal and refund policy, contact the Office of the Registrar at (205) 726-2732

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

Date  Phone #  SUID 9

Full Name

Address  City, State, Zip

**Please circle class:** Sr Jr So Fr Grad Divinity Pharm SPU other Campus Box #

**Circle program:** Undergraduate Day Undergraduate Evening (A) (B) Business Divinity Education  
Environmental Management Health Professions Music Nursing Pharmacy Public Health

**Term withdrawing from:** Fall (A) (B) JanTerm Spring (A) (B) Summer 1 Summer 2 10 wk Summer 14 wk summer

**REQUIRED: Last date you attended class(es)**

Do you intend to return to Samford University? Yes ☐ No ☐

**If yes, when:** Fall (A) (B) JanTerm Spring (A) (B) Summer 1 Summer 2 10 wk summer 14 wk summer

Reason for withdrawing:

Signature of Program Advisor\*

Signature of Student

\*Undeclared or Arts and Sciences undergraduates – Assistant Dean, Arts and Sciences

NOTE: Student athletes must obtain the signature of the Athletic Administration in addition to that of their Program Advisor (if different)

### FOR OFFICE USE ONLY:

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

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

Refund:  Total Charges:

Amount Refunded:

**Return a completed copy of this form to the Office of the Registrar.**