

Troy University Withdrawal Form

I. Student

Semester/Term _____ Year _____ Student I.D. _____

Name _____ Date of Birth _____

Email Address _____ Telephone () _____

Did you receive: ___ Financial Aid (loan, grant, scholarship, etc)? ___ VA Benefits? ___ Military T.A?

Troy Campus only: Do you live on campus? * _____ Do you have a meal plan? _____

*On-Campus residents must contact the Housing and Residence Life Office to properly check out of campus housing and return their key.

I understand there can be financial consequences to this request. I understand that it is my responsibility to check and verify the financial implications of this action.

II. Withdrawal Official

Student's reason for withdrawal: (check all that apply)

Academic Issue Financial Difficulty Personal
 Changed Major/Career Plans Medical Administrative Action
 Conflict with Job Military Obligations Other: _____
 Dissatisfied with the University

Does student plan to re-enroll with TROY? Yes ___ /Semester or Term _____ No ___ Unsure ___

Exit Interviewer's Signature _____ Date _____

Comment: _____ Amount retained by TROY: _____
(Per Financial Services Official)

III. Faculty – *Note:* For withdrawals prior to mid-term, the grade of W (Withdrawal-nonpunitive) will be entered on the student record for each course and the hours will not be charged as attempted. WP is Withdrawal Passing- nonpunitive; WF is Withdrawal with academic penalty- punitive.

Class Schedule

Course Prefix	Course Number	Course Location	Grade	Instructor (Signature or email confirmation)
			WP WF	
			WP WF	
			WP WF	
			WP WF	
			WP WF	
			WP WF	
			WP WF	

IV. Request for Withdrawal due to Extenuating Circumstances (if applicable):

Documentation attached? _____ Account Balance as of _____ : \$ _____

Financial Aid Applied: _____ Amount Retained by Troy University: _____
(Per Authorized Senior Administrator)

Name of Campus Official: _____ Approved ___ /Denied ___ (initial decision)

Date : _____ Comment: _____

V. Military Education Center Approval _____ **International Program Approval** _____

Student's Signature Withdrawal Date Last Day of Class Attendance