

# ARKANSAS STATE UNIVERSITY-BEEBE



## OFFICIAL WITHDRAWAL REQUEST

INSTRUCTIONS: Students requesting withdrawal from all college classes must complete this form and return to the Registrar's Office.

I \_\_\_\_\_  
First Name MI Last Name

hereby request to be withdrawn from the \_\_\_\_\_ semester/term.

Reason(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Program Demands | <input type="checkbox"/> Lack of Financial Aid   |
| <input type="checkbox"/> Change in Employment     | <input type="checkbox"/> Military Activation     |
| <input type="checkbox"/> Financial Hardship       | <input type="checkbox"/> Personal/Family/Medical |
| <input type="checkbox"/> Other: _____             |  |

Have you received a student loan while at Arkansas State University - Beebe?

\_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, you are to complete the required exit interview at [www.studentloans.gov](http://www.studentloans.gov).

I understand withdrawing voluntarily during the semester will result in Withdrawal (W) grades for each course. I further understand that any possible tuition or fee refund will be determined by the published refund schedule.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Student ID number (required)