

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hereby request to be withdrawn from the _____ semester/term.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.

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)