

Registrar's Office
5345 Atlanta Highway • Montgomery, AL 36109
E-mail: registrar@faulkner.edu
Fax#: 334-386-7244

WITHDRAWAL FORM

ID# _____

TERM: SP___ SU___ FL___ Year: _____

Withdrawing from the program and all classes for the appropriate term checked. The OFFICIAL date of withdrawal is determined by the date that the first contact is made by the student to initiate the withdrawal process. Charges and/or refunds to the student's account and grades are based on this date.

Circle Program: ADULT TRADITIONAL EXECUTIVE PROGRAM MASTERS DOCTORATE

Name

Receiving TA/VA Benefits (Military):

_____ Y _____ N

Address

City State Zip

Last Date of Attendance

**Participation is defined as engaged in an academically related activity.

Contact Number

Reason for Withdrawal

Student Signature

Date

In order for a student to be OFFICIALLY withdrawn from Faulkner University, the student must clear with each of the following offices:

_____ Advisor/Program Director/ Student Success

_____ Registrar's Office

_____ Financial Aid

_____ Student Accounts

_____ Instruction Technologist (iPad)

_____ Student Life (Chapel, Housing)

_____ Library

_____ VA Coordinator (Military Benefits)