TERM WITHDRAWAL

Term of withdrawal: □ Fall □ Spring Year: __________

Please complete this form and return to the Office of the Associate Academic Dean, Admin. 206.

The following information will assist us in communicating with you while you are away from Furman University:

_________________________________________  __________________________________
Cell Telephone                                      Alternate E-mail Address

In the space below please state the reason for the withdrawal. *(If you are withdrawing due to a medical condition, a doctor’s statement must be on file with the Student Health Services Office or the Counseling Center)*

REASON

______________________________________________________________________________

Note: Students withdrawing have 72 hours from the date of withdrawal to leave campus. Consult with the Housing Office to obtain any extension on vacating campus. Students receiving Financial Aid should contact the Financial Aid Office to determine financial implications of withdrawal. Students not returning in the following semester will need to apply for a Leave of Absence through the Associate Academic Dean’s Office.

_________________________________________  ______________
Student Signature                                                   Date

_________________________________________  ______________
Administrator Signature                                             Date

Office Use Only:   Withdrawal effective date: ______________________________
Date IET sent: _________________________ □ DB □ Email Professors and Advisors 7/14