



FURMAN

STUDENT NAME	
FURMAN ID NUMBER	

TERM WITHDRAWAL

Term of withdrawal: Fall Spring Year: _____

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

 Cell Phone

 Alternate Email 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

Please complete this form and return to the Office of the Associate Academic Dean via email to academic.deans@furman.edu or fax to 864-294-3584 or deliver to the Administration Building, Room 206.

Office Use Only: Withdrawal effective date: _____
Date IET sent: _____ <input type="checkbox"/> Email Professors and Advisors
<i>Forms, Revised 7/20/15</i>