

# Washington Adventist University

Office of the Registrar

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## Semester/University Withdrawal Form

Students should use this form to withdraw from ALL classes for the current semester or if they are completely withdrawing from WAU.

Name: \_\_\_\_\_ SSN or WAU ID: \_\_\_\_\_

Effective Year & Term of Withdrawal: Year: \_\_\_\_\_ Term: Fall  Spring  Summer

Are you withdrawing completely from WAU? Yes  No  If no, when will you return \_\_\_\_\_

Please help us become a better University by telling us why you are leaving

Reason for Withdrawal (please select one)

- |                                                      |                                                            |
|------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Academic                    | <input type="checkbox"/> Employment Conflict               |
| <input type="checkbox"/> Suspension                  | <input type="checkbox"/> Military                          |
| <input type="checkbox"/> Major Not Offered           | <input type="checkbox"/> Personal                          |
| <input type="checkbox"/> Did Not Have Courses        | <input type="checkbox"/> Death in the Family               |
| <input type="checkbox"/> Scheduling Issues           | <input type="checkbox"/> Family Obligations                |
| <input type="checkbox"/> Courses Too Difficult       | <input type="checkbox"/> Child Care                        |
| <input type="checkbox"/> Inadequate Advising         | <input type="checkbox"/> Inadequate Handicapped Facilities |
| <input type="checkbox"/> Conflict with Faculty/Staff | <input type="checkbox"/> Transportation                    |
| <input type="checkbox"/> Medical                     | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Financial                   | <input type="checkbox"/> Church Missionary                 |
| <input type="checkbox"/> Insufficient/No Aid         | <input type="checkbox"/> Residence Halls                   |
| <input type="checkbox"/> Cost of Attendance          | <input type="checkbox"/> Facilities                        |
| <input type="checkbox"/> Unexpected Expenses         | <input type="checkbox"/> Roommate Conflict                 |
| <input type="checkbox"/> Transfer to a New School:   | <input type="checkbox"/> Other _____                       |

\_\_\_\_\_  
(Name of School)

### \*All Signatures Needed

Name	Signature	Date
Academic Advisor:		
Financial Aid:		
International Student Advisor:		

By signing below, I affirm that I have considered and understand the effects of this withdrawal. I understand I will have "W, WP or WF" grades (whichever is applicable) for all currently registered courses. Any pre-registered courses will be cancelled.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please refer to the Refund Policy as outlined in the Academic Bulletin

#### Office Use Only

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_  Hold placed for Int student out of status (where applicable)  
 Student never registered for current semester

Revised 3.6.2019