

Student ID: _____ Email (other than Barry): _____ Preferred Phone #: _____

Name: _____
Last First Middle

Address: _____ City: _____ State: _____ ZIP: _____

Term: Please check the appropriate term and if applicable the appropriate session.

Year: _____ Term: _____ Session: A ___ B ___ (Summer Only): I ___ II ___ Receiving VA Education Benefits: Yes? ___ No? ___
(Fall/Spring/Summer) (Military/Veteran/Dependent)

Type of Withdrawal: Permanent ___ University Suspension ___ Leave of Absence* ___ *please provide date of return: _____
Graduate Student: ___ First Semester Undergraduate Student: ___ Undergraduate Student (Returning): _____

Indicate Reason(s) for withdrawing: Rank the top three reasons in order of importance (1= most important, 3= least important)

- ___ Academic Difficulties (e.g., grades, coursework challenges) Other (Please specify): _____
- ___ Financial Issues (e.g., tuition, lack of aid, unexpected expenses)
- ___ Personal health (e.g., illness, disability)
- ___ Family or personal responsibilities (e.g., caregiving, family issues)
- ___ Employment conflicts (e.g., work schedule, job demands)
- ___ Housing or residential life issues (e.g., affordability, conflicts)
- ___ Safety concerns (e.g., campus safety, personal security)
- ___ Lack of engagement (e.g., campus life, community integration)
- ___ Desire to transfer to another institution
- ___ Military service (e.g., active duty, federal foreign aid service)
- ___ Missionary or religious service
- ___ Registered but never attended

I certify that the information given in this withdrawal is complete and accurate. I am aware that withdrawing from Barry University may affect my financial status at the University, and I take full responsibility for any additional financial obligation that may result because of my withdrawal. Please send completed form to your Academic Advisor for further processing.

Student _____ Date* _____ Advisor _____ Date _____
Signature Signature

Dean _____ Effective Date of Withdrawal (Required) _____
Signature

Date of Determination (date institution became aware that student ceased attendance) (Required) _____
If student received federal aid or was otherwise eligible for federal aid, Return of Title IV Funds calculation must be completed within 30 days

To be completed by the Office of Financial Aid:

- Student received financial aid? Yes ___ No ___
- If student received federal loans, student has been provided with loan exit materials. Yes ___ No ___
- Student has been counseled on Standards of Academic Progress policies? Yes ___ No ___
- Student has been counseled on how this withdrawal will affect future receipt of financial aid? Yes ___ No ___

Financial Aid Counselor _____ Date _____

To be completed by the Office of the Registrar:

- Processed by: _____ Date _____
- Comments: _____

Copies to:

Student: ___ Academic Advisor: ___ Health Office: ___

(If applicable): Residential Life ___ Intercultural Center: ___ Military/Veterans Services: ___