

UNDERGRADUATE STUDENT WITHDRAWAL FORM

TO BE COMPLETED BY STUDENT: (Please Print) Name: _____

DeVry Student ID #: _____ Program: _____

Daytime Phone #: _____ Evening Phone #: _____

Do you plan to return to DeVry/South Florida? Yes No If yes, SPRING, SUMMER, FALL 20__

Mail can be sent to: (Please check one) E-mail: _____

Local Address: _____ Permanent Address: _____

My Reason For Withdrawal: _____

Session for Withdrawal: SPRING, SUMMER, FALL, Standard, Session A, Session B, 20__

My Impression of DeVry: _____

Student Signature: _____ Date: ____/____/____

TO BE COMPLETED BY STAFF: (Please sign)

Student Category: New Online
 Region # _____

Date: ____/____/____ LDA ____/____/____

Initiated By _____

Rep Name: _____ Terminal Code: _____

TO BE COMPLETED BY STAFF: (Please sign)

1. **Student Affairs:** _____

A. Housing: Yes No
 Move out date: ____/____/____ Balance\$ _____

B. Laptop Return Procedure Completed
 Yes No

C. Library: _____
 Materials _____ Fines _____

D. International Yes No

2. **Admissions:** (1st two weeks only): _____

3. **Academics:** _____

4. **Student Finance:** _____
 Perkins Recipient: Yes No
 Perkins Exit Interview Yes No
Current Balance: \$ _____
(Estimate final balance owed)
 % _____ \$ _____

Veteran Affairs: Yes No

5. **Registrar:** _____

Comments: _____