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)  Date: __/__/____  LDA __/__/____
Student Category: ________________________________
☐ New
☐ Online
Region # ___________

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)

☐ 5. Registrar: ________________________________
   Comments: ________________________________
   Veteran Affairs:  ☐ Yes  ☐ No

White copy – Registrar’s Office  Yellow copy – Resume Student Coordinator  Pink copy – Student
04/03/06