



Graduate Student Application for Withdrawal

Submit form electronically to graduate program director

The withdrawal does not become official until: 1) all of the following information is completed; 2) final approval is given by the program director, Business Office, Financial Aid, Registrar's Office, and dean of the college; and 3) the Registrar's Office records the withdrawal on the student's transcripts.

Name (First Middle Last) _____	Today's Date (MM/DD/YYYY) _____
ID Number _____	Cohort Year _____
Home Address, City, State, Zip, and Country (if outside U.S.) _____	Telephone _____
Faculty Advisor _____	Home Email _____

1. I understand that my withdrawal from Concordia College may affect the financial aid being received.

Yes No

2. What is/are your reason(s) for withdrawal?

3. In which term do you plan to withdraw?

Spring Semester Year: _____

Summer Semester Year: _____

Fall Semester Year: _____

4. Do you intend to return to Concordia? Yes No

If you return to Concordia, please indicate the term and year of your intended return:

Spring Semester Year: _____

Summer Semester Year: _____

Fall Semester Year: _____

5. Are you transferring to another institution?

Yes No **If yes, where?** _____

* Anyone applying for withdrawal for one or more complete academic terms will need to reapply to the program

FOR OFFICE USE ONLY:

<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved (reason attached)	Program Director digital signature: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved (reason attached)	Business Office digital signature: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved (reason attached)	Financial Aid Office digital signature: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved (reason attached)	Registrar's Office digital signature: _____	Date: _____