



# Student Withdrawal Request

Print or Type All Information

The official date of withdrawal is the last date of class attendance.

Refunds and grades will be determined by this date in accordance with OSUIT withdrawal policy.

**NOTE: A withdrawal may require returning Financial Aid, thus creating a student account bill.**

Name \_\_\_\_\_ CWID \_\_\_\_\_ Date \_\_\_\_\_

Are you receiving veteran/military education benefits?  Yes  No IF YES, Veteran Coordinator Initials \_\_\_\_\_

Program of Study \_\_\_\_\_ Sem \_\_\_\_\_ Last Day of Class Attendance \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

\_\_\_\_\_

### Forwarding Information:

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_ Alt Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address \_\_\_\_\_

Do you plan to return to OSUIT?  Yes  No When? \_\_\_\_\_

**It is advised that all students contact the following department(s) prior to withdrawal from school.**

Comments / Signatures from Advisors:

Academic Department / Advisor
Bursar's Office / Cashier's Office
Student Financial Services
Residential Life (on-campus students only)

Have you contacted the above departments?  Yes  No, I accept all responsibilities for my withdrawal.

**I accept any and all academic and financial consequences of my withdrawal from OSUIT.**

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

**Withdrawal** (student has attended)

**Cancel** (Student has never attended)

**University Appeals Committee:**

Processed \_\_\_\_\_

Date \_\_\_\_\_



Student Withdrawal Request, Continued

Please complete this survey regarding why you are leaving OSUIT. Your response is important and always kept private and confidential. Your responses, combined with other responses, help us improve student services. Email Institutional Research at iar@okstate.edu with questions about this survey.

What term are you dropping/withdrawing from? Summer Fall Spring

Do you plan to re-enroll at OSUIT? (Select one option)

- Yes, next term Yes, within the next year Yes, within 2 or more years Unknown/Undecided No

When you first enrolled, were you planning to graduate from OSUIT? (Select one option) Yes No

Why are you leaving?

Table with 9 columns: Reason, Major Reason, Minor Reason, N/A, Reason, Major Reason, Minor Reason, N/A. Rows include Academic suspension, Changing major, Coursework issues, Lack of quality instruction, Class scheduling issues, Unhelpful faculty, and Transferring.

Did you use any of the Tutoring Services at the LASSO Center? (Select one)

- Yes Did not need tutoring Could not meet with tutor during available times Did not attend Fk 'pqv'hpqy llti qv'cdqw'wqt lpi Tutoring not available online or in area needed

Fk '{qw'wug'cp{'qh'v'g'Eqwpugrlpi 'UgtxleguA\*'Ugrge'v'qpg+

- Yes Did not need eqwpugrlpi Could not meet with counselor during available times Did not attend Fk 'pqv'hpqy llti qv'cdqw'eqwpugrlpi Online counseling not available

Fk '{qw'cmi'v'q'{'qwt'Cecf go le'Cf xluqt'cdqw'y kj f tcy lpi A\*'Ugrge'v'qpg+

- Yes Did not need cf xlu lpi Could not meet with advisor during available times Did not attend Fk 'pqv'hpqy llti qv'cdqw'advising Advisor did not respond to phone calls or emails

Did you talk to a Financial Aid Counselor? (Select one)

- Yes Did not receive Financial Aid Could not meet with Financial Aid during available times Did not attend Fk 'pqv'hpqy llti qv'cdqw'Fin. Aid Financial Aid did not respond to phone calls or emails

How could we have helped you stay in school?

- More flexible schedules Increase tutoring hours More scholarships/grants More online courses More counseling services Nothing/Could not be helped

Any comments or suggestions?

Three horizontal lines for text input.