WITHDRAWAL FORM

☐ Withdrawal from Semester  ☐ Withdrawal from School

Circle Term:  FA  FAQ  WT  WTQ  Year:  20   
SP  SPQ  MAY  SU  SUQ

Student should meet with advisor, and then report to Retention Office for completion of form. All information must be completed to be used for withdrawal from all courses. Please return to Records Office for processing: 314-744-7652 (secure fax to Records Office).

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**Student Information**

Name: ______________________________________________

Student ID: __________________________________________

Phone #: ____________________________________________

What is your reason for leaving? ________________________

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**Academic Information (for term of withdrawal)**

Degree Level: Undergrad  Masters  Specialist  Doctorate

Campus (Check all that apply):

☐ Main  ☐ T/W  ☐ St. Charles
☐ JC-Hillsboro  ☐ JC-Arnold  ☐ Min. Area
☐ Franklin Co.  ☐ L&C  ☐ J. A. Logan  ☐ Rend Lake

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☐ YES  ☐ NO  Are you aware you must return library materials and pay outstanding fines?  Transcripts will be held until materials are returned and fines are paid.

☐ YES  ☐ NO  Are you a resident student?  You will lose your room deposit if you are withdrawing during the contract period. Room and board will be refunded on a prorated basis. You are also responsible for outstanding long distance charges. Transcripts will be held until your account is paid in full. If you have a Housing Grant, future semesters of eligibility are forfeited.

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☐ YES  ☐ NO  Are you a member of an MBU athletic team?  You must return uniforms and equipment immediately. Transcripts will be held until returned.

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☐ YES  ☐ NO  Are you an International Student?

International students must report to International Student Advisor or Director of Admissions.

Student Signature: __________________________________________ Date: ______________

Student E-Mail (for confirmation of processing): ________________________________

Advisor Signature: __________________ Date: ________

Financial Aid Office: __________________ Date: ________

Retention Officer:  __________________ Date: ________

Student Affairs:  __________________ Date: ________

Records Office:  __________________ Date: ________

Resident Director:  __________________ Date: ________

Business Office:  __________________ Date: ________

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