University of Northern Iowa

Withdrawal Form

Student Name: _____

Last First Middle

Student Address: _____

Street Address City State Zip

Phone Number: (____) _____ Student Number: _____

Date: _____ Semester: _____

Reason for Withdrawal: _____

_____

Advisor: _____ Signature: _____

NOTE: YOUR WITHDRAWAL WILL AFFECT YOUR FINANICAL AID. CONTACT THE OFFICE OF FINANCIAL AID FOR MORE INFORMATION.

FOR OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

Semester: _____ Reason: _____ Academic Fee Refund: 01) ___ 02) ___ 03) ___ 04) ___ 05) ___ 06) ___

Date of Withdrawal: _____ Record Card Entry: 01) ___ 02) ___ 03) ___ 04) ___ 05) ___ 06) ___ Approval ___

Chapter 22 of the Code of Iowa: This information is requested to initiate your withdrawal from the University of Northern Iowa. Only directory information may be released to third parties. All items are required, and, therefore, incomplete forms cannot be processed.