



UNIVERSITY WITHDRAWAL FORM

To officially withdraw from Chaminade, you must complete this form and return it to the Records Office with the required signatures.

Student I.D. Number: _____

Student Name: _____	<input type="checkbox"/> Freshman	<input type="checkbox"/> Junior	Major: _____
	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Senior	
Current Address: _____			
Res Hall _____	Telephone # Home: _____	Cell # _____	
E-Mail: _____			
Forwarding Address: _____			
Term First Enrolled: _____		Term Leaving: _____	
Plan to re-enroll at Chaminade? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____			

1. Please indicate which of the following influenced your decision to withdraw:

- Other academic opportunities not available at Chaminade, please specify: _____
- Personal Reasons: _____

- Family Reasons: _____

- Size/Location of Chaminade: Too Small Too close to home Too far from home
- Quality of Life Issues:
 - Academic, Please explain briefly: _____

 - Residence Life conditions/options, Please explain briefly _____

 - Extra-curricular, Please explain briefly: _____

 - Financial reasons, Please explain briefly: _____

2. Can you identify something specific that if changed, would influence you to remain at Chaminade? Yes No

Explain briefly: _____

(Please continue on reverse side)

3. Did you discuss your plans to withdraw with any of the following? Please check all that apply:

- Academic Advising
- Admissions
- Counseling Center
- Coach
- Dean of Enrollment
- Dean of Students
- Faculty Adviser
- Family
- Financial Aid
- Peers
- Resident Assistant
- Other: _____

4. Please indicate your plans after Chaminade:

- Full-time enrollment at another institution – name _____
- Part-time enrollment at another institution – name _____
- Work
- Other: _____

5. How confident are you that you will *not* return to Chaminade at some later date?

- Absolutely sure will not return
- Unsure
- May return
- Will return

6. Please use the space below to provide us with any additional comments regarding your experience at Chaminade and any factors that have contributed to your decision.

7. Please Sign Here _____ Date _____

Please Note: This Section must be completed if withdrawal is requested during a semester at Chaminade. Withdrawal will not be processed without the necessary signatures. The form must be submitted to the Records Office upon completion.

- 1. Resident Life Director (if resident) _____ Date _____
- 2. Business Office (required) _____ Date _____
- 3. Perkins Loan-Business Office (if applicable) _____ Date _____
- 4. Financial Aid Advisor (if applicable) _____ Date _____
- 5. Library: (required) _____ Date _____
- 6. Academic Advising (required) _____ Date _____
- 7. Athletics Director (if athlete) _____ Date _____
- 8. Dean of Students (required- call 735-4710 for exit interview appointment) _____ Date _____
- 9. Registrar/Records Office (required and last signature obtained) _____ Date _____

NOTE TO FINANCIAL AID RECIPIENTS: Your aid will be adjusted to reflect your withdrawal date. If you received federal aid, this will be determined according to a federally prescribed formula. If, after all adjustments are made, you should have a balance owed, you will receive a remittance notice and be responsible for making payment according to institutional policy. If you received student loans, you should visit the Financial Aid Office to receive exit counseling. If you are unable to go through exit counseling, exit interview materials will be either sent or emailed to you. Should you have any questions, visit the Financial Aid Office, or contact the staff via phone: 808-735-4780; or email: finaid@chaminade.edu.

Date Withdrawal is effective: _____

*Withdrawal from the University becomes official when student submits completed form to Records Office.
(revised 5-9-08)*