

# HONORS COLLEGE WITHDRAWAL FORM

*You Must Complete All Information*

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

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

## Type of Withdrawal

Student Initiated

Staff Initiated

## Reason for Withdrawal

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Signature: \_\_\_\_\_

## For Office Use Only

\_\_\_\_\_  
Andrew Curry, Coordinator, Academic Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Melanie Barr Fitzpatrick, Academic Advisor

\_\_\_\_\_  
Date

Priority List \_\_\_\_\_  
Date

Memo Sent \_\_\_\_\_  
Date

Database \_\_\_\_\_  
Date

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