

## WITHDRAWAL FORM

A student may withdraw from a degree program by written request.

<u>Veterans:</u> The Veteran's Administration will be advised within 30 days of the date of withdrawal, which will be the date the Dean of the Faculty signs this form. When a student is withdrawn, veteran's benefits will be discontinued, and any further certification of benefits terminated.

A student who is withdrawn may ask to re-apply.

## **Action Items:**

- 1. Complete form with signature.
- 2. Save the completed form as a PDF with the filename: [Term].[Withdrawal from SKSM].[Your first and last name](ex: 2024SP.Withdrawal from SKSM.Anna Learner).
- 3. Email to Registrar@sksm.edu, cc: advisor and Dean of Students, cschelin@sksm.edu. The registrar will obtain the required signatures and process the withdrawal.

| Student Name:  |          |  |  |
|--|----------|--|--|
| Student Legal Name (if different):                           |          |  |  |
| Phone:   | E-mail:  |  |  |
| Program:   | Advisor: |  |  |
| I am requesting to withdraw from the program: Term Year      |          |  |  |
| Began Program: Term  | Year     |  |  |
| Did you receive financial aid this year? List what kind:     |          |  |  |
|  |          |  |  |
| Have you ever received financial aid? List what kind:        |          |  |  |
|  |          |  |  |
| 5  |          |  |  |
| Reasons for request (You may attach a letter if you prefer): |          |  |  |

| *Student Signature:                         | Date:  |
|---|--------|
| Advisor Signature:                          | Date:  |
| Dean of the Faculty Signature:              | Date:  |
| REFUND CALCULATION Tuition Amount Refunded: | _      |
| Method of Calculating Refund:               | Other: |
| Refund Recipient:                           |        |
| Address: Student Accts Mgr. Signature:      | Date:  |
| Registrar Signature:                        | Date:  |