



REQUEST FOR WITHDRAWAL

STUDENT NAME _____ Date _____

Student ID Number _____

Classification (circle one) Freshman Sophomore Junior Senior

Anticipated Date of Graduation (circle month): Aug Dec May Indicate Year: _____

Primary Major _____

Phone _____

Email _____

Postal Address _____

Please choose one: _____ I will NOT be returning to Vanderbilt University

_____ I have completed a Request for Leave of Absence form

Student's Signature

Your signature asserts that you are familiar with the policies concerning withdrawal and understand fully the terms of your leave and the conditions upon which you may return.

Additional verification required (If applicable):

University Housing Office Official
4112 Branscomb Quad _____
Housing representative's name and signature / Date

Financial Aid Office
2309 West End Avenue _____
Financial Aid Office representative's name and signature / Date

Student Accounts Office
111 Baker Building _____
Student Accounts representative's name and signature / Date

ISSS
103 Student Life Center _____
ISSS representative's name and signature / Date

Blair Associate Dean
Comments: _____

Official Date of Withdrawal: _____

Last date of attendance: _____

Blair Associate Dean signature / Date