



Student University Withdrawal Form

For Undergraduate, IIP and ELI Career Students

- Students must first review the policy for University Withdrawal before completing this form.
- Print or type information. Student must use a legal signature on this form. Only the student may elect a university withdrawal.
- Form must be returned to Registrar's Office to be processed and new status applied.
- Each department should retain a copy for unit records.

Student Personal Information:

Name: _____ GU ID: _____

Full Permanent Address: _____

Dorm /Current Local Address: _____
(Building/Room #) _____

VP or Home TEL# _____ Mobile Pager/Cell Phone # _____

Personal E-Mail (non-Gallaudet Email) Address: _____

Semester of Withdrawal: Fall Spring Summer 1/All Summer 2 Year: _____

LAST DATE YOU ATTENDED CLASSES: _____ Do you think you may wish to readmit at another time? Yes No

Reasons for withdrawing from Gallaudet University:

- Select ALL YOUR University Withdrawal Reasons:** I am an International Student +
- Academic Financial Personal Transferring Employment Disciplinary
- Health (self- determined) Medical (Dr. determined*) * Dr. signed statement on office business letterhead required.

Student Comment (Optional): _____

Student Signature Required: _____ Date _____

By signing above, I acknowledge that I understand the university policy for withdrawal from Gallaudet University. I remain responsible for all university debt and for meeting payment deadlines. I am no longer entitled to student campus privileges.

Please meet with each required official indicated <input checked="" type="checkbox"/> below	Name & Signature	Date
Academic Advisor		
Academic Advising Director – JSAC 2220		
Financial Aid Official – Chapel Hall G 02		
Student Financial Services Official – College Hall B 04		
Residence Life Official - Ely Center 132		
Office of Student Conduct Official – Ely Center 103		
International Services Official – Dawes House 104		
ELI Program Coordinator (for ELI students ONLY) – HMB E253		
Dean		
Registrar		

Registrar's Office Use Only:

Date Student Began University Withdrawal Procedure: _____

Student has read and understands the University Withdrawal Policy – Registrar's Official Explained Terms/ Responded to QQ YES

Total Semester Units Dropped _____ Term Cancel Action YES

WD Grades Assigned - After the 8th week - investigation and documentation required for Registrar to accept dean's permission.

- YES required by date of university withdrawal request
- NO Student university withdrawal action all clear of deadline dates or semester/session not yet begun

NOTATIONS: _____