



(715) 394-8228 (office)
(715) 394-8040 (fax)

www.uwsuper.edu/registrar

Old Main 139, P.O. Box 2000 • Superior, WI 54880

Official Withdrawal Card

Note: There is a \$50 withdrawal fee during the 100% refund period, or first 10 days of classes, Fall & Spring Semesters. There is no fee during Summer College. If the withdrawal card is mailed to the student, its return postmark must be by _____ or the date of arrival in the Registrar's Office will be used.

Print Name: _____
Last Name First Name M.I.

Last Day of Class Attendance (Month/Day/Year) _____

Student Signature * _____

OBTAIN THE FOLLOWING SIGNATURES:

Financial Aid Office, Old Main, Room 110 * _____

Cashier's Office, Old Main, Room 208 * _____

Perkins Loan Officer, Old Main, Room 208 * _____

Academic Advisor * _____

SID: _____

Undergraduate Graduate
 Fall J-Term Spring Summer College

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Updated 9/2010

Do you have any items to return, i.e., lab key, library books, HHP or FA equipment, etc. Do you have any delinquent fees? Student will not be allowed to re-enter unless fees are paid.

EXIT INTERVIEW

Reasons for withdrawal:

<input type="checkbox"/>	1.	Financial	<input type="checkbox"/>	6.	Dissatisfied with UW-S	Specifics:
<input type="checkbox"/>	2.	Academic	<input type="checkbox"/>	7.	Transferring	School Transferring To:
<input type="checkbox"/>	3.	Medical	<input type="checkbox"/>	8.	Disinterest in Higher Education	
<input type="checkbox"/>	4.	Emotional	<input type="checkbox"/>	9.	Employment	
<input type="checkbox"/>	5.	Family	<input type="checkbox"/>	10.	Other	Specify:

Comments: _____

Interviewer Signature: * _____ Date: _____

Return this card to the Registrar's Office, Old Main, Room 139. Instructor(s) will be notified of withdrawal.

*OFFICE USE ONLY: OFFICIAL DATE OF WITHDRAWAL _____ BY _____