

TOTAL WITHDRAWAL FORM

J-Term, Summer and Second Half Semester Classes

Check term(s) Year _____

Student Name _____ SID _____
Last First M.I.

- J-Term Summer
 Fall/Spring 2nd Half

Follow the steps below to be formally withdrawn from all courses for J-Term or Summer Session. This withdrawal also needs to be used to withdraw from a second half class(es) during the Fall or Spring Semesters and this will drop all of your remaining classes.

1. Secure signatures, or email approval from the offices/individuals listed below.
3. Check the reason why you are withdrawing from all classes.
4. Sign and date the form.
5. Submit the completed form to the Registrar's Office for processing via email @ registrars@uwsuper.edu, or by delivering to Old Main room 139.
6. \$50 withdrawal fee will be automatically posted to account beginning with the first day of class(es) within the 100% refund period.
7. Return any items belonging to the University (uniform, lab key, library books).

The signatures column below must be COMPLETED before this form will be processed in the Registrar's Office:

Office	Location	Phone	Email Address	Person You Met With	Person's Signature
Financial Aid Office	OM 110	394-8200	finaid@uwsuper.edu		
Cashier's Office and Perkins Loan Officer	OM 136	394-8505	uwscashier@uwsuper.edu		

There are times when life circumstances can prevent students from completing a term. UW-Superior is here to help students meet their educational goals. To assist us, please check below the reason why you are withdrawing.

Check the reason(s) you are withdrawing from all courses this term:

- | | | |
|--|--|--|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Family | <input type="checkbox"/> Transferring (list where) _____ |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Dissatisfied with UW-Superior | <input type="checkbox"/> Disinterest in Higher Education |
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Employment | |
| <input type="checkbox"/> Other reasons and anything else you wish to share to make UW-Superior a better place. _____ | | |

Student Signature _____ Date _____

THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE TO COMPLETE WITHDRAWAL PROCESS

For Registrar Office use only

Official withdrawal date: _____; processed by: _____

Student's advisor: _____; date form emailed to advisor: _____