

REGISTRAR'S OFFICE  
EDGEWOOD COLLEGE  
1000 EDGEWOOD COLLEGE DR  
MADISON, WI 53711



## TERM WITHDRAWAL FORM

PLEASE PRINT OR TYPE

Term withdrawal means withdrawing from the classes in which you are registered for a particular term. Please list in the boxes below ALL TERMS from which you wish to withdraw. If you are registered for a term and do not list it below, you WILL NOT be withdrawn from that term. Please return this form to the Registrar's Office.

Student ID or SSN \_\_\_\_\_ I wish to withdraw from: Fall 20\_\_\_\_ Winterim 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_  
Name \_\_\_\_\_  
Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Are you planning to return to Edgewood College in the future? YES NO If yes, when?

### REASON FOR WITHDRAWAL

Please check all reasons for which you are withdrawing:

Illness/ Emergency  
Financial Reasons  
Work Demands  
Family Demands  
Campus Social Climate  
Personal Reasons

Academic Reasons  
Facilities  
Transferring (Please specify institution) \_\_\_\_\_  
Other

Please provide specific information on your reasons for withdrawing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you live on campus, the Dean of Students or Director of Residence Life must sign here: \_\_\_\_\_  
Administrative Signature

I understand that I am responsible for all tuition and fees owed to the college, including library fines; that withdrawal from courses after the 100% refund deadline does not remove me from this financial liability; and that withdrawal after the final withdrawal deadline listed in the Timetable will result in grades of 'F' for the term. I understand that the official date of withdrawal is the date this form is received in the Registrar's Office.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Extra Copy: \_\_\_\_\_ Business Office \_\_\_\_\_ Financial Aid \_\_\_\_\_ Advisor \_\_\_\_\_ Student

OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

DATA ENTRY BY \_\_\_\_\_

REFUND \_\_\_\_\_%