

TOTAL WITHDRAWAL FORM - INDIANA UNIVERSITY EAST

STUDENT'S NAME: _____

LAST

FIRST

MIDDLE

STUDENT ID NO. _____ - _____ - _____ DIVISION _____ MAJOR _____ SEMESTER/YEAR _____

I WISH TO WITHDRAW FOR THE FOLLOWING REASON:

Work Medical Transfer Financial Personal

I AM SATISFIED WITH IU EAST:

Not at all Moderately Very Much

YES NO I HAVE OUTSTANDING FINANCIAL OBLIGATIONS TO IUE?

YES NO I AM RECEIVING THE FOLLOWING FINANCIAL AID:

<input type="checkbox"/> PELL GRANT	<input type="checkbox"/> PERKINS LOAN	<input type="checkbox"/> SCHOLARSHIP
<input type="checkbox"/> STAFFORD LOAN	<input type="checkbox"/> SEOG	<input type="checkbox"/> STATE GRANT
<input type="checkbox"/> VETERANS BENEFITS	<input type="checkbox"/> OTHER	<input type="checkbox"/> NONE

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE.

SIGNATURE OF STUDENT

DATE

ADVISOR'S SIGNATURE

DISTRIBUTION

REGISTRAR'S OFFICE - WHITE
ACADEMIC ADVISOR - CANARY
STUDENT - PINK

OFFICIAL USE ONLY

BURSAR'S OFFICE VERIFICATION _____
FINANCIAL AID VERIFICATION _____
RECORDS - PROCESSED BY _____
DATE PROCESSED IN RECORDS _____