

AVILA UNIVERSITY
STUDENT WITHDRAWAL REASON FORM

Date: _____

Student ID: _____

Student Name: _____

Reason for withdrawing from Avila University (continue reason on back of sheet if needed):

- Transfer to less than 2 year school due to _____
- Transfer to 2-4 year school due to _____
- Transfer to 4 or more year school due to _____
- Called to Military Service
- Government Foreign Aid Service
- Official Mission for their affiliated religion
- None of the above (please explain) _____

Please fax (816-501-2452) or return this form to Registration & Student Records Office in Blasco Hall. Thank you.

Note: A completed **Change of Schedule Request Form** with appropriate signatures is also required to withdraw from courses if after classes have begun.

Signature of individual providing information

Printed name if not the student withdrawing
RSRO 12/08