

# WITHDRAWAL FORM

Dallas Baptist University

Are you withdrawing from the University?  Yes  No

Name: \_\_\_\_\_ DBU ID #: \_\_\_\_\_  
Last First Middle

Permanent Mailing Address: \_\_\_\_\_  
Number and Street City State Zip Code

Do you receive VA Benefits?  Yes  No Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**STUDENT: You will not be officially withdrawn until this form has been completed and returned to the Registrar's Office.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

**Instructor: Next to your course(s) below, please sign your name and list the date. Please record the date on your class roster for future reference.**

WITHDRAW	Term	Department	Course Number	Section Code	Name of Course	Instructor's Signature/Date	

**OFFICE USE ONLY:** Withdrawal date/tuition refund determined by date received in Registrar's Office.

Approved Registrar: \_\_\_\_\_  
 Semester: \_\_\_\_\_  
 Date: \_\_\_\_\_

Withdrawing from courses can affect your current eligibility for financial aid. We recommend that you check with the Financial Aid Office before withdrawing to determine how your aid may be affected.