

**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