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