



UNIVERSITY WITHDRAWAL FORM

Office of the Registrar | 2020 East Maple Street | North Canton OH 44720-3336
 Phone: 330.490.7367 | Fax: 330.490.7372 | Email: registrar@walsh.edu

Student Name (Last, First MI)	Student ID#	Cell #

IMPORTANT INFORMATION ABOUT YOUR WITHDRAWAL – PLEASE READ!

Your enrollment at Walsh University creates an implied contract for payment of tuition and fees. If you choose to not attend, you must officially withdraw from all courses before the established deadline, or you must pay all charges in full. Please note that in some circumstances, federal financial aid may have to be prorated/reduced based on length of attendance. A change in housing status could also impact future financial aid. Should your student account become delinquent in excess of 150 days, Walsh University has the right to forward your account to a collection agency, and you will be responsible for all related collection costs of approximately 33% of the amount due. **ATTN STUDENT ATHLETES:** Your withdrawal must meet NCAA full-time enrollment criteria in order to avoid a negative impact on your NCAA eligibility.

<input type="checkbox"/>	I am officially withdrawing from current semester academic classes at Walsh University. _____Term _____20	I plan to return to Walsh University in the future. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	I am officially withdrawing from current semester academic classes <u>and</u> cancelling university housing. _____Term _____20 <i>*Resident students withdrawing after January 1st (for the Spring semester) and August 1st (for the Fall semester) are not be eligible for a refund of their \$200.00 Housing Deposit.</i>	I plan to return to Walsh University in the future. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	I am officially withdrawing from a future academic semester. _____Term _____20	I plan to return to Walsh University in the future. <input type="checkbox"/> Yes <input type="checkbox"/> No

Please Indicate your reason for withdrawing from Walsh University (please check all that apply):			
<input type="checkbox"/> Transferring to another college/university	<input type="checkbox"/> No longer attending college	<input type="checkbox"/> Geographic location	<input type="checkbox"/> Desired major not offered
<input type="checkbox"/> Athletic opportunities elsewhere	<input type="checkbox"/> Walsh is not a good fit for me	<input type="checkbox"/> Limited housing options	<input type="checkbox"/> Personal/family concerns
<input type="checkbox"/> Struggling academically	<input type="checkbox"/> Financial concerns	<input type="checkbox"/> Medical reasons	<input type="checkbox"/> Other

Comments/Details: _____

By signing below, I acknowledge that I have formally withdrawn from academic classes at Walsh University and/or wish to cancel my campus housing for the upcoming semester. I understand the terms and conditions of the university contract for tuition and fees as well as the University Housing Contract (if applicable) which includes, but is not limited to, all cancellation deadlines and deposit dates.

I authorize the School to contact me at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

 Student Signature

 Date

FOR OFFICE USE ONLY	Processed by: _____	DATE: _____	WITHDRAWAL FEE: PAID/NOT PAID
	WHITE-REGISTRAR	YELLOW-STUDENT	PINK-FINANCIAL AID