



VALPARAISO UNIVERSITY

APPLICATION FOR A FORMAL WITHDRAWAL FROM THE GRADUATE DIVISION / COLLEGE OF ADULT SCHOLARS PROGRAM OF THE UNIVERSITY

Semester _____

Name _____

Address, City, State, Zip _____

Phone Number _____

I. D. Number _____

Social Security Number _____

Students who withdraw or are expelled from Valparaiso University may be eligible for a refund of a portion of the tuition and fee charges for the semester of their withdrawal. The date of withdrawal and basis for calculating all refunds will be the date on which the student notifies the Office of Graduate Studies of their intent to withdraw from the University, provided this withdrawal form is completed and submitted to the Office of Graduate Studies no later than the end of the next working day. Each semester, a schedule of the applicable refund dates is available in the Finance Office and the Office of Financial Aid. Complete refund information may be found in the current catalog.

This form is to be returned to the Office of Graduate Studies before any notations are made on the student's permanent record. Failure to do this will constitute an unauthorized withdrawal and failing grades will be recorded against the student's record. Your student I.D. card must be submitted along with this form to the Office of Graduate Studies.

Contact the following offices and secure signatures:
1. Financial Aid Office: _____
2. Student Accounts: _____
3. Christopher Center Library: _____
4. University Police: _____
5. Dean of Graduate Studies: _____

I hereby acknowledge that I have read the foregoing procedures on formal withdrawals and the rules pertaining to refunds as found in the current catalog.

Should a balance be owed the University after applicable refunds are made, I understand that the balance is no due and payable.

It is my intention to stop attending classes immediately and, provided this withdrawal form is completed and submitted to the Office of Graduate Studies before the end of the next working day, I understand that today's date will become my official date of withdrawal for purposes of calculating charges and refunds.

DATE: _____ SIGNATURE OF STUDENT: _____

Do you intend to appeal your official date of withdrawal? Yes _____ No _____

Recorded by the Office of Graduate Studies on _____ by _____
Recorded by Office of Registrar on _____ by _____