

Student Exit Procedure Form



4150 Administration Drive, Berrien Springs, MI 49104-0800
Phone: 269-471-3375 Fax: 269-471-6001
8/2012

Instructions & Information

X This form is for students withdrawing from **ALL classes for one or more semesters**. Complete steps below in order, with **ALL required signatures**.
X Your student status will be **inactivated**. If you plan on returning, contact Undergraduate Admissions (269-471-6343) or Graduate Admissions (269-471-6321).

6 W X G H Q W 1 V 1 D P H _____ Andrews ID: _____
First Last

Forwarding Address: _____
Street Address City State Zip Code COUNTRY

Email: _____ Phone Number: _____

' Freshman ' Sophomore ' Junior / T 6 W X G H Q W 1 V 6 L J Q D W X U H _____ Date

Details for Withdrawal

All Signatures Required

2. Advisor

\$ G Y L V S R U B U K E _____ Date

3. \$ F D G H P L F ' H D Q 1 V 2 I I L F H

' H D Q S I G M A T U R E _____ Date

CRN	Course Acronyms and Numbers	Sec. No.	COURSE TITLE: TOPIC OF STUDY	Credits	Last Day Attended

