OUR LADY OF THE LAKE COLLEGE

Franciscan Missionaries of Our Lady Health System

Student Resignation / Withdrawal Form

Students who have registered and wish to drop some or all classes must have this form completed and returned to the Office of the Registrar prior to deadline (see Academic Calendar) in order to officially withdraw or resign.

Last Name	First Name	M.I.	Major	Term (e.g. Fall)	Year

1. Student Signature Required

I hereby resign/withdraw my current enrollment from the course (s) for the term indicated above**.**

I understand that this does not relieve me of any financial obligation to the College.

Reason for resignation/withdrawal:_____

Signed_____ Date_____

(student or proxy)

2. Course (s) to be dropped **To be completed by instructor only:**

Course Department	Course Number	Course Section	Instructor / Director / Dean (Signature)	Grade (Required after last day to withdraw w/o grade) WU WS	Last Date of Attendance

3. Director/Academic Dean (This section to be filled out only under special circumstances).

Resignations and withdrawals are effective on the date received by the Office of the Registrar, unless otherwise indicated by the Dean. Please indicate effective date, if desired. EFFECTIVE DATE_____

(Dean's Use Only)

Signature:_____ Comments: _____

4. Office of Financial Aid

This student has received/is scheduled to received the following Financial Aid:

Loans_____Scholarships_____Grants_____Other_____

Adjust/return the following funds Exit Interview Completed Yes ☐ No ☐

Loan (Amount)	Scholarships	Grants	Other	Comments

Signed_____ Date_____

5. Business Office

This student has/has not met his/her financial obligations Balance on this date _____ $_____

Signed_____ Date_____

Completed weeks/days of current semester_____ % of Refund Due_____

Comments_____

6. Office of the Registrar

Signed _____ Date _____

White – Office of the Registrar Yellow – Financial Aid Office Pink – Business Office Goldenrod – Student 3/6/07