



# Boyce College

## Withdrawal Request

**Instructions:**

- 1) Complete Part I below.
- 2) Obtain the signatures of both administrators for Parts II & III (otherside). The student should **not** leave the form with a secretary.
- 3) Return the completed form and your seminary identification card to Academic Records.

**Part I:** To be completed by the student

Name	ID Number
------	-----------

Present Address	E-mail Address
-----------------	----------------

City/State/Zip	Phone
----------------	-------

Future Address	Effective Date
----------------	----------------

City/State/Zip	Phone
----------------	-------

First Enrollment Date: \_\_\_\_\_ Current Degree Program \_\_\_\_\_

Withdrawal to be effective  Fall  Spring      Are you receiving veterans benefits?  yes  no

Do you wish to terminate your postal box  yes  no (\$20 per entire semester withdrawn will be charged for keeping PO box.)

Are you living in campus housing?  yes  no

Do you plan to seek readmission?  yes  no

If yes, when? \_\_\_\_\_

*At least two months prior to readmission, students should contact the Admissions Office.*

Please state your reasons for requesting withdrawal and outline your plans for the immediate future:

---



---



---



---



---



---

Signature

Date

**NOTE: THIS FORM MUST HAVE THE REQUIRED SIGNATURES ON PARTS II AND III FOR PROCESSING.**

---

**Part II:** To be completed by School Dean.

Please state any pertinent information or conditions for readmission:

---

---

---

\_\_\_\_\_

date

\_\_\_\_\_

Signature of School Dean

---

**Part III:** To be completed by the Associate Dean for Student Life.

Please state any pertinent information or conditions for readmission:

---

---

---

---

---

---

---

---

\_\_\_\_\_

date

\_\_\_\_\_

Signature of Associate Dean for Student Life

---

**Part IV:** To be completed by Academic Records

- Accounting Services
- Housing Office
- Financial Aid
- Veterans Affairs
- Post Office
- Admissions Office
- Personnel Office
  
- Graduation Date Corrected
- Address Corrected
- I.D. Card returned
- Post Office Box terminated
  - yes  no
- CP Required
  - yes  no
- CP Met
  - yes  no

Grade Recorded

To be completed by Registrar

Check Academic Standing \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_  
Initials

Hourly Course Fee \$ \_\_\_\_\_

Matriculation Fee Refunded: \_\_\_\_\_ %

**Acct No.**

**Amount**

1-0240-0000-4170

\$ \_\_\_\_\_

Boyce Matriculation

Credit to TU 1-000-0000-1204

\$ \_\_\_\_\_

\_\_\_\_\_

Date Processor

\_\_\_\_\_

Date Processor

\_\_\_\_\_

Date Processor