



WITHDRAWAL PETITION FORM

1. Student Name: _____
2. LU Student ID: _____
3. Date: _____
4. Reason for Withdrawal: _____
5. Major: _____
6. Term: _____

7. CRN	8. Course	9. Number	10. Section	11. POT	12. Instructor Signature	13. Grade W/F

STATEMENT of UNDERSTANDING:

I understand that when I withdraw, I will not be enrolled for the specified term. I also understand that my withdrawal may impact my financial aid, VISA status, military benefits, scholarships, etc. It is solely my responsibility to check with the appropriate individuals for information on how benefits are affected by this action.

14. Student Signature: _____
15. Advisor or Department Head’s Signature: _____
16. If applicable for *late withdrawal* – Dean Signature: _____
17. If applicable for *late withdrawal* – Associate Provost Signature: _____
18. *If applicable - Director International Office Signature: _____
19. Records Office Verification (Wimberly, Room 102): _____

Please check: International Student: _____ Domestic Student: _____

Instructions:

- Step 1 – Student must complete - Numbers 1-5.
- Step 2 – Academic Advisor or Department Head must complete - Numbers 6 -11 and 15.
- Step 3 – Instructor must sign and give a grade – Number 12-13.
- Step 4 – ***If you are an International Student, you must also obtain the signature from the Director of the International Office for Approval - Number 18.**
- Step 5 – Submit to Record’s Office for verification - Number 19.

With a few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.