



REQUEST FOR WITHDRAWAL

STUDENT NAME \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

Classification (circle one) Freshman Sophomore Junior Senior

Anticipated Date of Graduation (circle month): Aug Dec May Indicate Year: \_\_\_\_\_

Primary Major \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Postal Address \_\_\_\_\_

Please choose one: \_\_\_\_\_ I will NOT be returning to Vanderbilt University

\_\_\_\_\_ I have completed a Request for Leave of Absence form

Student's Signature

\_\_\_\_\_  
*Your signature asserts that you are familiar with the policies concerning withdrawal and understand fully the terms of your leave and the conditions upon which you may return.*

Additional verification required (If applicable):

University Housing Office Official  
4112 Branscomb Quad \_\_\_\_\_  
*Housing representative's name and signature / Date*

Financial Aid Office  
2309 West End Avenue \_\_\_\_\_  
*Financial Aid Office representative's name and signature / Date*

Student Accounts Office  
2309 West End Avenue \_\_\_\_\_  
*Student Accounts representative's name and signature / Date*

ISSS  
109 Student Life Center \_\_\_\_\_  
*ISSS representative's name and signature / Date*

Blair Associate Dean  
Comments: \_\_\_\_\_

\_\_\_\_\_  
Official Date of Withdrawal: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_

\_\_\_\_\_  
*Blair Associate Dean signature / Date*