



THE GRADUATE SCHOOL
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APPLICATION FOR FORMAL WITHDRAWAL
THE GRADUATE SCHOOL / COLLEGE OF ADULT SCHOLARS PROGRAM

Name: _____ **Semester:** _____
Last First Former

Address: _____
Street City State Zip

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Phone Number **VUID #** **Social Security #**

Students who withdraw or are expelled from Valparaiso University may be eligible for a refund of a portion of the tuition and fee charges for the semester of their withdrawal. The date of withdrawal and basis for calculating all refunds will be the date on which the student notifies the Graduate School/Continuing Education Office of their intent to withdraw from the University, provided this withdrawal form is completed and submitted to the Graduate School/Continuing Education Office no later than the end of the next working day. Each semester, a schedule of the applicable refund dates is available in the Finance Office and the Office of Financial Aid. Complete refund information may be found in the current catalog.

This form is to be returned to the Graduate School/Continuing Education Office before any notations are made on the student's permanent record. Failure to do this will constitute an unauthorized withdrawal and failing grades will be recorded against the student's record. *Your student I.D. card must be submitted along with this form to the Graduate School/Continuing Education Office.*

Contact the following offices and secure signatures:

1. Financial Aid Office: _____ Date: _____
2. Student Accounts: _____ Date: _____
3. Christopher Center Library: _____ Date: _____
4. University Police: _____ Date: _____
5. Dean of Graduate School: _____ Date: _____

I hereby acknowledge that I have read the foregoing procedures on formal withdrawals and the rules pertaining to refunds as found in the current catalog.

Should a balance be owed the University after applicable refunds are made, I understand that the balance is now due and payable.

It is my intention to stop attending classes immediately and, **provided this withdrawal form is completed and submitted to the Graduate School/Continuing Education Office before the end of the next working day**, I understand that today's date will become my official date of withdrawal for purposes of calculating charges and refunds.

DATE: _____ **SIGNATURE OF STUDENT:** _____

Do you intend to appeal your official date of withdrawal? Yes ____ No ____

Recorded by the Graduate School /Continuing Education Office on _____ by _____

Recorded by Office of Registrar on _____ by _____