

VALPARAISO UNIVERSITY – OFFICE OF GRADUATE STUDIES
WITHDRAWAL CARD – CHANGE IN REGISTRATION

STUDENT ID:				DATE:	
NAME:					
COURSES WITHDRAWN					
Dept.	Crse No.	Sect.	Credits	Instructor's Signature	Dept. Chairperson's Signature
Total Credits Dropped:				Total registered credits after change:	
			Adviser's Signature:		
Approval for student athletes with less than full time status:					
RETURN THIS CARD ALONG WITH THE SEMESTER WITHDRAWL FORM TO THE OFFICE OF GRADUATE STUDIES.					



VALPARAISO
UNIVERSITY

***SEMESTER WITHDRAWAL FROM THE
GRADUATE DIVISION / COLLEGE OF ADULT SCHOLARS
OF THE UNIVERSITY***

Current Semester _____

Semester to Return _____

Name

Address, City, State, Zip

Phone Number

I. D. Number

Social Security Number

It is my intention to stop attending classes immediately and, **provided this withdrawal form is completed and submitted to the Office of Graduate Studies & Continuing Education 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 of 1st Notification: _____

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

Recorded by the Office of Graduate Studies on _____ by _____

Recorded by Office of Registrar on _____ by _____