

WITHDRAWAL FORM

Registrar's Office * The University of West Alabama * Station 4 * Livingston, AL 35470
 205.652.3587 * 205.652.3522 (fax) * 800.621.7742 (in state) * 800.621.8044 (nationwide)

Recipients of Title IV Federal Financial Aid are required to have their fund prorated based on the number of days of enrollment. This proration is effective through 60% of the term. All Title IV repayments are charged to the student's account and are the responsibility of the student.

Date _____

Student Number _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Classification _____ School _____

I hereby resign as a student at the University of West Alabama for the _____ Session,

Reason for Withdrawing: _____

Effective Date of Withdrawal: _____

Signature of Student _____

If this withdrawal is being processed because of medical reasons, a statement from the student's physician verifying the illness must be provided in order to receive any appropriate refunds. Please complete the top portion of this form and submit it to the Registrar's Office at the address above.

SIGNATURES OF UNIVERSITY OFFICIALS

FINANCIAL AID DIRECTOR: _____

REGISTRAR: _____

To be completed by Registrar's Office			
Dept.	Course #	Instructor	Grade
[] RESIGNED CLEAR			

To be completed by Financial Aid Office		
Repayment Due:		
\$ _____	Perkins	Acct # _____
\$ _____	Stafford	Acct # _____
\$ _____	ASAP	Acct # _____
\$ _____	PLUS/SLS	
\$ _____	SEOG	Acct # _____
\$ _____	PELL	Acct # _____
\$ _____	Scholarship	SC # _____