Temporary Withdrawal Request Form Argosy University/SFBA

TO BE COMPLETED BY STUDENT

Student ID Number:	Academic Year:	Date:
Last Name:	First Name:	
Street Address:		
City:	State:	Zip:
Daytime Phone:	Evening Phone:	
Program:		
FOR STUDENTS RECEIVING FINANCIAL AID, PLI	EASE READ THE FOLLOWING:	
Students taking a Temporary Withdrawal are not eligible for Temporary Withdrawal. Any loan proceeds that the Unive		
Students who take a Temporary Withdrawal in the middle opolicy. Any remaining funds are returned to the lender.	of a term will be charged for classes att	ended in accordance with the appropriate refund
The date of withdrawal for students who do not return from of attendance.	an approved Temporary Withdrawal v	will be the date of the student's last recorded date
TO BE COMPLETED BY STUDENT - Return form to s	tudent services <u>after faculty</u> & if neede	d <u>Int'l student advisor</u> signature has been secured.
Period Requested for Temporary Withdrawal: Start Date:	Date of Return:	
Term and Session of Return:	-	
Reason for Temporary Withdrawal:		
Is this an extension of a prior withdrawal? Yes No	If yes, indicate start date of tempor	ary withdrawal:
I have read the financial aid implications by taking a withdra financial obligations to Argosy University	awal. I understand that if my withdrawa	l is approved it is my responsibility to resolve any
Signature of Student:		_Date:
Signature of Faculty Advisor:		_Date:
Signature of Int'l Student Advisor (for F-1 Students):		_Date:
TO BE COMPLETED BY STUDENT SERVICES		
Temporary Withdrawal Approved for the following term	15:	
	_ Summer	
Temporary Withdrawal Denied	Reason Denied:	
Signature of Department Head:		Date:
Signature of Student Services:		_ Date:

Status updated in Banner _____ Status updated in COS _____ *Copy to Student Finance ____ Copy mailed to Student_