Office of the Registrar

Notice of Withdrawal from College

Student Data

Student ID: _______________________
Name: _________________________________________________________________

☐ Undergraduate  ☐ Graduate
Major: _______________________________ Advisor: __________________________

☐ Commuter  ☐ Resident
Dorm: _______________________________ Room #: __________________________

Check all that apply: ☐ Athlete  ☐ Veterans Education Benefits Recipient  ☐ Financial Aid Recipient

Withdrawal Data

Leave Disposition: Leave Reason:
☐ Church Mission Service (MS)  ☐ Academic Reason (AC)
☐ Foreign or Government Service (FG)  ☐ Employment (EM)
☐ Military Service (MS)  ☐ Financial (FI)
☐ Transfer to 2-Year School (T2)  ☐ Health (HE)
☐ Transfer to 4-Year School (T4)  ☐ Personal (PE)
☐ Transfer to an Other (TO)

Term: ____________________ Effective Date: ___/___/______

To be completed by Registrar’s Office.

Last Date of Attendance*: ___/___/______ Source: ___________________________________________________________

*Required if student is a recipient of Veteran’s Education Benefits. LDA must be determined by AIC records of attendance at an academically-related activity.

Date of Determination: ___/___/______ Registrar Notified By: ☐ Student via Phone  ☐ Student via Email  ☐ Campus Official

Financial aid recipients are encouraged to contact Financial Aid prior to withdrawing. The Registrar is required to update Veterans Affairs with any changes to a student’s school status; this may affect benefits.

Student’s Signature: ___________________________ DATE: ______________
Registrar Signature: ___________________________ DATE: ______________

DISTRIBUTION:

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XCP

American International College
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DRAFT 2/17/2015