

# WITHDRAWAL FORM

Dallas Baptist University

Are you withdrawing from the University? \_\_\_\_ Yes \_\_\_\_ No

Name: \_\_\_\_\_ DBU ID #: \_\_\_\_\_  
                                Last                                First                                Middle

Permanent Mailing Address: \_\_\_\_\_  
  Number and Street  City                                State                                Zip Code

Do you receive VA Benefits?  Yes  No Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**STUDENT: You will not be officially withdrawn until this form has been completed and returned to the Registrar's Office.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SS #: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

**Instructor: Next to your course(s) below, please sign your name and list the date. Please record the date on your class roster for future reference.**

W I T H D R A W	Term				Department				Course Number				Section Code				Name of Course				Instructor's Signature/Date			

<b>OFFICE USE ONLY</b>	Approved Registrar: _____ Semester: _____ Date: _____	<b>DATE RECEIVED</b>	Withdrawal date/tuition refund determined by date received in Registrar's Office  <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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