

**FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
REGISTRAR'S OFFICE**



1700 Lee Hall Drive, 112 Foote-Hilyer Administration Center
Tallahassee, FL 32307-3200
Office: (850) 599-3115 Fax: (850) 561-2428 Email: registrardocs@famu.edu

Official University Withdrawal Form

This form is to be used **ONLY** if you are withdrawing from **ALL** of your classes this term
(See Registrar's website for deadlines to withdraw by current term www.famu.edu/registrar)

NOTE: Federal regulations require this office to inform all appropriate University departments of your intent to withdraw from this institution. This action could affect your current and future federal financial aid award(s). The Financial Aid Office will use the intent-to-withdraw date captured at the time this form was accessed to process the Return of Funds if applicable.

PERSONAL INFORMATION *(Complete Form, Print & Submit to the Registrar's Office)*

Last Name First Name Middle Initial
Student I.D. Preferred E-mail

Please Do Not Enter Social Security #

Current Term: Fall _____ Spring _____ Summer (A, B, C) _____
(Year) (Year) Circle Session(s) Year

Last Date of Attendance: _____
(Month, Date, Year) On Campus Housing ___ Yes or ___ No

Military and/or Veteran Affairs ___ Yes or ___ No

WITHDRAWAL INFORMATION

Reason for Withdrawal: (Proper documentation must accompany this form)

- Death* (Attach funeral program & death certificate)
- Judicial* (Complete Second Form)
- Medical* (Complete Second Form)
- Military* (Attach Military Orders)
- Personal* (No Documents Required)

Student's Signature Date
I understand that I am liable for ALL FEES incurred.

Advisor's Signature Date

Chairperson's Signature Date

Dean's Signature Date

Once you submit this form, you will be withdrawn from the University

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Last Name First Name Student ID

Unable to Attend Classes From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

**SUBMIT ORIGINAL FORM:
TO BE COMPLETED BY THE APPROPRIATE OFFICIAL ONLY
Licensed Physician, Therapist, Judge, Attorney or Clerk of the Court**

The student is authorizing the appropriate person to release the information requested to the University for the purpose of seeking a withdrawal from the University. This information will be used to determine if the student qualifies for a withdrawal. All sections that apply must be completed by the appropriate official. If not completed, the withdrawal process will be delayed. This office appreciates your cooperation.

In your own opinion, could the student attend class during the relevant period? YES NO

If "No", please specify the dates the student was unable to attend class and **ATTACH AN OFFICIAL LETTER ON YOUR OFFICIAL STATIONERY** briefly describing the student's condition. _____ to _____
mm/dd/yyyy mm/dd/yyyy

IMMEDIATE FAMILY MEMBER'S ILLNESS

Is the student providing sole round the clock care to his/her immediate family member? YES NO

What is the student's relationship to this family member? _____

What is the duration of extensive care needed? From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Official's Name Title License# / State

Address E-mail
Phone ()

AUTHORIZED SIGNATURE OF APPROPRIATE OFFICIAL

Signature of appropriate official
(Original Signature ONLY - Do Not Use Stamp)

Print Name

Date