



BLUEFIELD UNIVERSITY

University Withdraw Form

Student Name: _____ Student ID: _____

Major: _____ Phone: _____

Students who seek to withdraw from Bluefield University must complete this form and submit it to BC Central or email to BCRegistrar@bluefield.edu. For students who seek to withdraw mid semester, grades of “DR” indicating withdrawal from school will be given to the student who properly withdraws. Earned grades will be issued for courses completed prior to the student’s withdrawal (including failing grades). A student planning to withdraw from school should consult the Financial Aid Office regarding regulations for satisfactory academic progress. In addition, a student should confer with the Business Office to settle his or her account. The Registrar staff will notify administrative departments of a student’s request to withdraw.

When do you want to withdraw?

Immediately
 At the end of the term/semester
 Term _____ Year _____

Are you receiving Veterans Benefits? Yes No

Are you receiving Financial Aid? Yes No

Reason for Withdraw (check all that apply):

- | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Finances/Unable to Pay | <input type="checkbox"/> Major Not Offered |
| <input type="checkbox"/> Personal Medical Illness | <input type="checkbox"/> Dissatisfied with Major/Academic Program |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Dissatisfied with Faculty |
| <input type="checkbox"/> Transferring to another school | <input type="checkbox"/> Dissatisfied with University location |
| <input type="checkbox"/> Left for Armed Forces or Active Duty | <input type="checkbox"/> Dissatisfied with Residence Halls |
| <input type="checkbox"/> Missionary Deployment | <input type="checkbox"/> Dissatisfied with Student Life/Opportunities |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Personal Academic Performance |

I am withdrawing from Bluefield University as indicated above. I understand that this withdraw may cause unforeseen academic, athletic, and financial consequences if I am withdrawing before the end of the semester.

Signature: _____ **Date:** _____

Signature of Student Success Coach: _____
 (Academic Affairs, Academic Advisor, Student Success Director, Academic Support)

Return to BC Central or email to BCRegistrar@bluefield.edu

Office Use Only:

The following offices/individuals need notified of this withdraw:

<p>Traditional/On-Campus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Academic Affairs <input type="checkbox"/> Advisor <input type="checkbox"/> Library <input type="checkbox"/> Athletic Director/VP <input type="checkbox"/> Faculty Athletic Rep 	<ul style="list-style-type: none"> <input type="checkbox"/> Student Development <input type="checkbox"/> Financial Aid <input type="checkbox"/> Veterans <input type="checkbox"/> Student Accounts <input type="checkbox"/> School PDSO 	<p>Online/Graduate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advisor <input type="checkbox"/> Financial Aid <input type="checkbox"/> Student Accounts <input type="checkbox"/> VP for Online
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