



UNIVERSITY WITHDRAWAL AGREEMENT

Name: _____

BUID: _____

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Phone: _____ Email: _____

FOR WHICH TERM AND YEAR DO YOU INTEND TO WITHDRAW?

FALL 20 _____

SPRING 20 _____

SUMMER 20 _____

REQUIRED Information:	NO	YES	If YES, then...	
I have a housing assignment for the semester I intend to withdraw.			<i>Where do you live on campus?</i>	<i>Do you have a meal plan?</i>
I am a Student Athlete.			<i>Please contact your Athletic Academic Coordinator</i>	
I am a recipient of Veteran Education Benefits.			<i>Please contact the VA Education Counselor (Registrar's Office)</i>	
I am using an F1 Visa.			<i>Please contact the Assistant Director of International Students and Scholars (Office of Global Education)</i>	
I receive the HOPE Scholarship.			<i>If you are receiving the Tennessee HOPE Scholarship, withdrawing from the University may discontinue your HOPE scholarship eligibility. Please contact Student Financial Services for information on the appeal process: 615-460-6403</i>	
I receive federal loans/grants (Title IV), state or institutional aid.			<i>As a Title IV recipient, I understand that in accordance with Federal regulations, all or a portion of my loans or grants may be removed from my account. In the event funds are removed, I agree to pay any outstanding charges that result from this federal calculation. According to Belmont policy, institutional scholarships and grants may be removed, thus creating additional charges for which I am responsible.</i>	

WHAT IS THE LAST DAY YOU ATTENDED A CLASS? _____

Please provide your reason for withdrawing. Your response will be held in confidence.

Please note that withdrawing from all courses is NOT the equivalent of withdrawing from the university. Students are required to re-apply through the Office of Admissions if absent or not enrolled for a semester. Please refer to the Belmont website and university catalog regarding the different refund policies and deadlines for tuition, fees, housing, and meal plans. I understand that it is my responsibility to follow up with Student Financial Services and Residence Life regarding my account and any balance which may remain due to withdrawing from Belmont. Furthermore, if there are charges which I have incurred that have not yet posted to my student account, I understand and agree that I am responsible for these charges.

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:	
Registrar: _____	Date: _____ Confirmed LDA _____.
Effective Withdrawal Date: _____	Institutional Refund of Tuition (if applicable): _____ %
Residence Life: _____	Date: _____ Residence Life Refund (if applicable): _____ %
SFS: _____	Date: _____

Please return to Belmont Central in the Gabhart Student Center or via: **Fax:** 615-460-5415 or **Email:** registrar@belmont.edu
Phone: 615-460-6619