

CLARION UNIVERSITY

Semester/University Withdrawal Form

The deadline for withdrawing from ALL classes for the CURRENT TERM is the last day of classes prior to the beginning of finals week. Please indicate the correct effective term of withdrawal whether you are withdrawing from the current term or a future term. The effective date of withdrawal is determined by the date the form is submitted to the Registrar's Office. University withdrawals will not be processed retroactively.

<p style="text-align: center;">Withdrawal Instructions</p> <p>1. Students must type directly on this form or print legibly. 2. Fill in all information completely including Clarion ID number.</p> <p>3. Return form to Registrar's Office.</p> <p>Clarion University Main Campus Venango Campus 148 Becht Hall Venango Administration 840 Wood Street 200 Frame Hall Clarion PA 16214 Pittsburgh Site Room 334 Fax: 814-393-2039 registrar@clarion.edu</p> <p>4. Please contact the Financial Aid Office (814-393-2315) for an analysis of how your withdrawal will affect your financial aid.</p>	<p>Check that you have considered the following before deciding to withdraw:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Financial Aid/Scholarships</td> <td><input type="checkbox"/> On-campus student employment</td> </tr> <tr> <td><input type="checkbox"/> Athletic eligibility</td> <td><input type="checkbox"/> How this change may impact graduation</td> </tr> <tr> <td><input type="checkbox"/> Veterans benefits</td> <td><input type="checkbox"/> Other items this withdrawal might impact</td> </tr> <tr> <td><input type="checkbox"/> Health insurance benefits</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Housing (If you are in university housing, you must sign a contract release form)</td> <td></td> </tr> </table> <p>The forms are available in 218 Becht or online at http://clarion.edu/student-life/living-at-clarion/campus-housing/index.html The forms are listed under <u>Contract Release Forms</u>.</p>	<input type="checkbox"/> Financial Aid/Scholarships	<input type="checkbox"/> On-campus student employment	<input type="checkbox"/> Athletic eligibility	<input type="checkbox"/> How this change may impact graduation	<input type="checkbox"/> Veterans benefits	<input type="checkbox"/> Other items this withdrawal might impact	<input type="checkbox"/> Health insurance benefits		<input type="checkbox"/> Housing (If you are in university housing, you must sign a contract release form)	
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Name _____ Clarion ID _____

Email _____

Effective Term(s) of Withdrawal (please check box below and indicate year): Year _____

- Fall (15 Weeks)
 Fall 7 Week 1
 Fall 7 Week 2
 Winter
 Spring (15 week)
 Spring 7 Week 1
 Spring 7 Week 2
 Summer 1 (3 weeks)
 Summer 2 (5 weeks)
 Summer 3 (5 weeks)
 Summer 7 Week 1
 Summer 7 Week 2

Location: Clarion Venango Pittsburgh Online Off-Site/Other

Reason for Withdrawal (please check one) **If your withdrawal is related to COVID-19, you need to contact Financial Aid.**

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial
<input type="checkbox"/> Insufficient/No Aid
<input type="checkbox"/> Cost of Attendance
<input type="checkbox"/> Unexpected Expenses
<input type="checkbox"/> Medical*
<input type="checkbox"/> Health*
<input type="checkbox"/> Accident*
<input type="checkbox"/> Stress/Emotional*
<input type="checkbox"/> Totally & Permanently Disabled*
<input type="checkbox"/> Relocating
<input type="checkbox"/> Employment
<input type="checkbox"/> Need Part-time/Summer work
<input type="checkbox"/> Transfer/Reason: _____ | <input type="checkbox"/> Personal
<input type="checkbox"/> Death in the Family
<input type="checkbox"/> Family Obligation
<input type="checkbox"/> Roommate Conflict
<input type="checkbox"/> Interpersonal/Social Conflict
<input type="checkbox"/> Medical Child Care
<input type="checkbox"/> Could not find housing
<input type="checkbox"/> Inadequate Facilities
<input type="checkbox"/> Inadequate Transportation
<input type="checkbox"/> Inadequate Handicapped Facilities
<input type="checkbox"/> Other _____
<input type="checkbox"/> Military* | <input type="checkbox"/> Academic
<input type="checkbox"/> Suspension
<input type="checkbox"/> Major not Offered
<input type="checkbox"/> Did not have Courses
<input type="checkbox"/> Scheduling Problems
<input type="checkbox"/> Courses too Difficult
<input type="checkbox"/> Inadequate Advising
<input type="checkbox"/> Conflict with Faculty/Staff
<input type="checkbox"/> Church Missionary
<input type="checkbox"/> Service with a Foreign Aid Service of the Federal Government |
|--|---|--|

*** Documentation is required**

Is there someone within a particular area of the university with whom you would like to speak prior to completing the withdrawal process?

Office, Area or Name of Person (if known)

Do you plan to return to Clarion? Yes _____ term/year No _____ reason

I affirm that I have considered and understand the effects of this withdrawal.

Student Signature _____ Date _____
(It is your responsibility to verify the form has been processed in your online student account.)

Office Use Only

Effective Date of Withdrawal: _____ Processed by: _____
(The effective date of withdrawal will be the date we receive the written intention to withdraw in the Registrar's Office)