

Name: _____ Term: _____
 I.D. #: _____ Birth Date: _____ Student Support Services: Y N
 Permanent Address: _____
 Street/Box/Route _____ City _____ State _____ Zip _____
 Site: _____ Residence Hall: _____ Room: _____ Phone: (____) _____

Residential students must check out of the residence halls within 24 hours of withdrawing from the University.

Hours currently enrolled: _____ Major: _____ Class: _____
 Fr, So, Jr, Sr, Grad
 Reason for Withdrawal: _____

Do you currently have insurance coverage under the LMU sponsored United Health Care Plan? YES NO
 If yes, have you used the insurance plan to cover any medical expenses this academic year? YES NO
 ** Do you wish to keep your coverage until the end of this academic year? YES NO
 ** The insurance premium can only be refunded if you withdraw within the first 30 days of the academic term. For questions regarding Insurance, please contact 423-869-6336

When a student officially drops all courses/withdraws from the University, courses for which the student is registered will appear on the transcript with a notation of "WD" or "F", depending on whether the withdrawal is processed by the close of "last day to drop without F," as published in the Undergraduate Academic Calendar The notation of WD does not calculate in the GPA but does calculate in student completion rate. The notation of "F" will impact a student's GPA, as outlined in the "Grading System" policy in the Undergraduate Catalog. (For Tennessee Lottery recipients please contact the Financial Aid Office at 423-869-6336.)
 A Withdrawal does not waive the student's financial responsibility to the University. Due to the Withdrawal process, the amount of balance due or credit (refund) may not be reflected until all of the student's financial adjustments have been posted. **If a student receives 100% refund of charges for the semester, their financial aid for the semester will be cancelled.** For amounts owed, please contact the Dir. of Student Accounts at 423-869-6376 to set up a repayment agreement to avoid additional charges.

*****By signing below, I verify that I have read the information above and want to withdraw from LMU for the specified term.*****

Student's Signature: _____ Date: _____

Signatures Required			Student Accounts Office Use Only			
Check Out Points	Signature	Date	Fees	Original Charge	Percent Credit	Credit Amount
Admissions (If Veteran or International Student)			Tuition			
Appropriate Sch. Dean or Program Director			Room			
Director of Residential Life			Meals			
Financial Aid			Comp Fee			
Student Accounts			Vehicle			
Registrar			Other			
			Total Credit			\$
Official Date of Withdrawal _____			Total Amount Due LMU (Pending Final Clearance)			\$