



**STUDENT WITHDRAWAL**  
*This form may be used to accompany documentation for valid Medical, Administrative, or Separation Withdrawals and should be returned to the Office of the Registrar.*

Printed Name		CNU ID Number	Withdrawal Term and Year <i>(Please check all that apply)</i>	
Last Name	First Name			
			<input type="checkbox"/> Fall Semester 201__	<input type="checkbox"/> Summer Term I 201__
			<input type="checkbox"/> Spring Semester 201__	<input type="checkbox"/> Summer Term II 201__
				<input type="checkbox"/> Summer Term III 201__
Address		Daytime Phone	E-Mail	

- Medical Withdrawal**
  - Requires accompanying documentation as outlined in the *Undergraduate Catalog*.
  - Classes will not be dropped unless a valid medical withdrawal has been approved by the University Registrar
  - Must be accompanied by  **Personal Statement from Student** *and*  **Signed Letter from Medical Doctor**
- Administrative Withdrawal**
  - Requires accompanying documentation as outlined in the *Undergraduate Catalog*.
  - Classes will not be dropped unless a valid Administrative Withdrawal has been approved by the Academic Dean
  - Must be accompanied by  **Personal Statement from Student**
- Intent to Separate from University**
  - Requires faculty authorization as outlined in the *Undergraduate Catalog* (see and complete page two)
  - Withdrawals are **subject to the deadlines posted on the Office of the Registrar website and in the Undergraduate Catalog**.
  - Must complete page 2 of this form and obtain  **Faculty Signatures**

**Please consult the Office of the Registrar website for additional information and note the following:**

- Students are notified in writing regarding the status of their request.
- Withdrawals are effective on the date received in the Office of the Registrar
- Review the *Undergraduate Catalog* to become familiar with any consequences associated with withdrawals.
- Students who have not attended CNU for two subsequent (back to back) terms are subject to university readmission requirements.
- You must complete a separate appeal form with Student Accounts to apply for a financial reduction/refund of tuition charges if applicable to this withdrawal.

*Submit **completed** forms to the following:*

Office of the Registrar  
 Christopher Newport University  
 1 University Place  
 Newport News, VA 23606  
 Fax: (757) 594-7711

***I hereby withdraw or separate from Christopher Newport University as requested above and confirm that this request is in accordance with university policies as detailed in the Undergraduate Catalog. I understand that this does not relieve me of any financial obligation to the university.***

**Student Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

*See Reverse*

**Notification to University of Intent to Separate**  
 (Please complete the following if you do not plan to return to CNU)

Printed Name		CNU ID	Withdrawal Term and Year	
Last Name	First Name	Number	<i>(Please check all that apply)</i>	
			<input type="checkbox"/> Fall Semester 200__	<input type="checkbox"/> Summer Term I 200__
			<input type="checkbox"/> Spring Semester 200__	<input type="checkbox"/> Summer Term II 200__
				<input type="checkbox"/> Summer Term III 200__

**COURSES TO DROP/WITHDRAW**

CRN	DEPT	COURSE NO	SEC NO	CR HRS	AUDIT/ CREDIT	FACULTY SIGNATURE

(Please complete the following if you do not plan to return to CNU)

<input type="checkbox"/> Employment Demands	<input type="checkbox"/> Transfer to Another College/University <i>Please list the institution below:</i>	<input type="checkbox"/> Other: <i>Please list reason below:</i>
<input type="checkbox"/> Family Obligations	List your intended major at the transfer institution, if known:	ARE YOU:
<input type="checkbox"/> Financial Reasons		Recipient of financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medical Reasons		Resident in University housing <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Military Deployment		Student athlete: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Personal Reasons		Intending to graduate this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dissatisfaction with Program		

**\*IMPORTANT GRADUATION REQUIREMENT:** A total of at least 120 academic semester hours is required for graduation. Students are expected to be registered for at least one CNU course during the semester of their conferral date. Keep in mind credit will not be awarded for a course withdrawal and should be considered when determining the number of credit hours needed or remaining to complete your graduation requirements.

*I hereby withdraw or separate from Christopher Newport University as requested above and confirm that this request is in accordance with university policies as detailed in the Undergraduate Catalog. I understand that this does not relieve me of any financial obligation to the university.*

Student Signature *Required* \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY:**

SHACRSE  SFAREGS  SHACRSE  SHATCMT  SGASPR  SHAINST  Notify Student  CCAP/FinAid/Housing  
 Registered Hours: \_\_\_\_\_ Revised Hours: \_\_\_\_\_ Total # WDs: \_\_\_\_\_ Processed by \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_