



OFFICIAL WITHDRAWAL FORM

(All Classes)

INSTRUCTIONS: To initiate a withdrawal from UVU, fill out the top portion of this form, sign it at the bottom, then fax it to the Registration Specialist at (801)863-7815 Attn: Registration Specialist. We will consult with your instructor(s) to obtain a signature if necessary.

Please Print Clearly:

Name: _____ UV ID: _____

Term: _____ Year: _____ Telephone Number: _____

Mailing Address:

Street City State Zip

Will you be returning to UVU? yes no If so, when? Fall Spring Summer Year: _____

Are you receiving Veterans Educational Benefits? yes no

IF A FINANCIAL AID RECIPIENT, COMPLETE THE FOLLOWING :

Proof of Attendance: Unless you provide proof of attendance, you will be required to immediately repay all federal funds. Please have one of your instructors sign below:

Student attended at least one class, turned in an assignment, or took a test, during the semester.

Instructor's Signature

Date

I certify that I must repay any unpaid accounts, including loans to UVU. I confirm that I will be responsible for repaying any federal financial aid to the Department of Education that I am not entitled to keep as a result of this withdrawal.

Student's Signature: _____ Date: _____

Withdrawal Exception: Employment Medical Other: _____

Department Chair's Signature: _____ Date: _____

Department Approval Stamp: _____

Office Use Only:

Date Received: _____; by: One-Stop Call Center Registration Processing Other; Initial: _____

Date Record Update: _____ Initial: _____