

****ADVISOR: Please return this Withdrawal Form to the Office of the Registrar, Registrars@ben.edu.******Part I General Information**

BenU ID # _____

NAME: _____
Last First Middle (Maiden/Other)HOME ADDRESS: _____ PHONE: _____

EMAIL: _____

Undergraduate: ☐ Campus Resident ☐ Commuter ☐ OnlineGraduate: ☐ Traditional ☐ Certificate ☐ Online

Major/Degree: _____ ADVISOR: _____

PART II Withdrawal InformationSelect one ☐ School / Program Withdrawal
☐ Transfer to another institution - School _____**Reason for Withdrawal**☐ Financial☐ Seeking different academic program(s)☐ Seeking a different campus environment☐ Seeking school closer to home☐ Other: _____

Term Effective: _____

PART III SIGNATURE*I am officially withdrawing from Benedictine University and request any refund of tuition and fees due me as determined by the University refund policy.*_____
Student Signature_____
Date_____
Advisor Signature_____
Date**Part IV RECORDING*****Office Use Only***Interview: ☐ In-Person ☐ By Phone ☐ Via Fax ☐ Via Email ☐ Other: _____
Courses Dropped: ☐ Yes ☐ No

Processor: _____

Signature_____
Date

Distribute:

Academic Advisor
Student Accounts Official
Residence Life (if applicable)Registrar
Financial Aid (financialaid@ben.edu)
Dean of Student Life