**COMPLETE WITHDRAWAL FORM**

Instructions: Use this form to withdraw from ALL courses within the current semester, prior to the complete withdrawal deadline shown on the Academic Calendar ([http://dixie.edu/reg/?page=calendar](http://dixie.edu/reg/?page=calendar)). Please complete, sign, and return this form to the Registrar’s Office.

If faxing, send to (435) 879-4005  
If scanning, send to records@dixie.edu  
If mailing, send to Dixie State University, Registrar’s Office, 225 S 700 E, St. George, UT 84770

**Important:** Effective withdrawal date will be the same date the form is emailed, postmarked, or faxed.

<table>
<thead>
<tr>
<th>Student ID Number</th>
<th>Last Name</th>
<th>First Name</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Mailing Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Local Mailing Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Phone</th>
<th>Current Major</th>
</tr>
</thead>
</table>

Please indicate the semester you are withdrawing from:  
- [ ] Fall  
- [ ] Spring  
- [ ] Summer  
Year: ________

Why are you leaving DSU at this time? (Please check all that apply):

- [ ] Medical  
- [ ] Family Responsibilities  
- [ ] Transferring schools (please list school):
  - __________________________
- [ ] Marriage  
- [ ] Financial Difficulties  
- [ ] Church Service  
- [ ] Academic Difficulties  
- [ ] Employment  
- [ ] Other (please explain): __________________________

Your signature below indicates the information provided on this form is true and accurate and that you accept responsibility for any outstanding financial obligations owed to DSU.

Signature: ___________________________  Date: _____________________

**Office Use Only:**

Received by: ________________________  Processed by: __________________________

Date Received: ____________________  Date Processed: _________________________

- [ ] Approved by the Exception to Policy Committee __________________________