



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>). 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.

Student ID Number	Last Name	First Name	Date
Permanent Mailing Address	Street	City	State Zip
Local Mailing Address	Street	City	State Zip
Email Address	Phone	Current Major	

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

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 _____