UNIVERSITY OF MONTEVALLO REGISTRAR'S OFFICE STUDENT WITHDRAWAL

	TERM	
STUDENT NAME(Please print)	UMID_	
MAJORYEAR (circle one) FR SOPH JR SR SB (
STUDENT COMMENTS:		
REASON FOR WITHDRAWAL ACADEMIC REASONS	FINANCIAL REASONS Lack of funds to continueUnable to obtain sufficient financial aid CAMPUS LIFEDissatisfied with campus lifeHousing problem	OTHER Health-related issuesMilitary serviceMoving out of areaHousing problemTransportation problemWork schedulePersonalOther
Do you plan on returning to UM? YesNo Term:		
STUDENT AID YES NO A student receiving financial aid should contact the Stude of financial aid and a balance due on the student's account HOUSING YES NO A student residing in University housing must notify the of the residence hall within 24 hours of withdrawal. Contact the Student of the S	nt. Contact information finaid@monteva	lllo.edu or 205-665-6050. f his or her intent to withdraw and must check out
I understand that financial aid eligibility, tuition refund, eligibility for housing, and housing refund may be affected by my withdrawal from the University. I understand that it is my responsibility to contact the appropriate offices or departments for information and/or assistance with these issues.		
STUDENT'S SIGNATURE:		DATE:
STUDENT AID:		DATE:
REGISTRAR'S OFFICE:		DATE:
opy sent to:SAFSCHousingLibraryCashierDepartmentDean		