



Office of Records & Registration
410-951-3700 (Office) 410-951-3701 (Fax)

UNIVERSITY WITHDRAWAL REQUEST

Semester: Fall _____ Spring _____
Commuter Residence Hall

Name: _____ Student ID: _____ Soc. Sec. No.: _____
Optional

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Classification: Fr. So. Jr. Sr. Grad.

Reason(s) for Withdrawal:

- | | |
|---|---|
| <input type="checkbox"/> Financial Difficulty | <input type="checkbox"/> Transfer-Name of Institution _____ |
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Housing Availability |
| <input type="checkbox"/> Health | <input type="checkbox"/> Lost Interest |
| <input type="checkbox"/> Planning to Enter Military Service | <input type="checkbox"/> Other _____ |

IMPORTANT NOTES:

1. Consult Coppin’s website, www.Coppin.edu for refund policies and schedules.
2. All students should visit their Academic Advisor prior to submitting this form.

I have been informed that withdrawing from Coppin State University may affect my financial status at the University, and *I take full responsibility for any additional financial obligation(s) that may result from this withdrawal transaction.* I also understand that in order to be officially withdrawn from the University I must obtain the required clearance from *all* offices indicated below.

Student’s Signature: _____ Date: _____

Counseling Center _____
Signature _____ Date _____

Financial Aid Office _____
Signature _____ Date _____

Business Office _____
Signature _____ Date _____

Library _____
Signature _____ Date _____

Housing/Residence Life _____
if applicable Signature _____ Date _____

Veterans Affairs _____
if applicable Signature _____ Date _____

Registrar _____
Signature _____ Date _____