



Bluefield State College

Permit to Withdraw

Last Name		First Name		MI	Student ID Number	
Mailing Address (Street, Apt. No., PO Box)					Semester Withdrawing	# of Semester Hours
City		State		Zip Code		First-Time Student Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address					Phone Number	
Advisor						

Reasons for Withdrawing:

<input type="checkbox"/> Academic Failing	<input type="checkbox"/> Administrative Withdraw	<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> Family Medical Emergency
<input type="checkbox"/> Financial Aid Issues	<input type="checkbox"/> Immediate Family Death	<input type="checkbox"/> Medical Emergency	<input type="checkbox"/> Military Duties
<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Relocating	<input type="checkbox"/> Transferring to Another Institution	<input type="checkbox"/> Transportation Problems
<input type="checkbox"/> Work Schedule	<input type="checkbox"/> Other:		

I officially request to withdraw from all classes from Bluefield State College, effective on the date below. I understand I may be required to repay all or a portion of my federal and/or state financial aid if 1) I did not attend all classes and 2) if I am withdrawing prior to the 60% point of the semester (week 11 for the Fall and Spring semesters).

Student Signature _____

Date _____

PLEASE OBTAIN THE FOLLOWING SIGNATURES:

Counseling Center/Retention Specialist	Date	Financial Aid	Date
Business Manager	Date	Student is PAID <input type="checkbox"/> NOT PAID <input type="checkbox"/>	
Registrar	Date	Effective Date of Withdraw	Percent Refund