

WITHDRAWAL REQUEST

A student who wishes to withdraw from TCSP must complete and submit this form. A student is strongly advised to speak with the academic department, Student Accounts, and Financial Aid prior to submitting this form. A student is responsible for adjustments made to the student account balance or financial aid eligibility as a result of withdrawal.

STUDENT INSTRUCTIONS:

1. Complete this form in its entirety, specify the reason for withdrawal
2. Submit the signed form to your Student Support Counselor via email or fax:
EMAIL: studentsupport@thechicagoschool.edu | **PHONE:** 800.595.6938 (Opt. 1) | **FAX:** 312.254.1442

STUDENT NAME: _____ STUDENT ID: _____

SCHOOL E-MAIL: _____ PHONE: _____ CELL PHONE: _____

OTHER E-MAIL: _____ DEGREE LEVEL: _____ LOCATION: _____

TERM/SEMESTER & YEAR: _____ PROGRAM: _____

TYPE OF WITHDRAWAL

☐ OFFICIAL ☐ UNOFFICIAL (ADMINISTRATIVE)

☐ TEMPORARY due to:

☐ Course Unavailability ☐ Significant Life Change Expected Return (Term/Semester and Year): _____ (cannot exceed 2 terms/1 semester)

CURRENT ENROLLMENT (check one)

☐ I plan to **complete** the courses I am enrolled in before withdrawal OR

☐ I plan to immediately **withdraw** from my current courses

STATUS (check all that apply)

☐ International Student (**Contact your DSO immediately**)

☐ The Chicago School Student Employee (FWS)

☐ Active Military/Veteran

I wish to withdraw from school. My last term/semester of enrollment will be:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20____ <input type="checkbox"/> Session I <input type="checkbox"/> Session II
REASON FOR WITHDRAWAL: <input type="checkbox"/> Financial <input type="checkbox"/> Health/Medical <input type="checkbox"/> Personal/Family <input type="checkbox"/> Work Schedule <input type="checkbox"/> Withdrawal Non Start <input type="checkbox"/> Called to Active Duty (supporting documentation may be required) <input type="checkbox"/> Transfer to Another School (Name of School): _____ <input type="checkbox"/> Other (Please Specify): _____	

Please read and sign below:

"I understand that I am responsible for returning all library books and other borrowed materials and for fulfilling all financial obligations to the institution as outlined in the Student Handbook. I understand that withdrawing from the institution means that I will no longer have access to electronic resources, including my school email account."

STUDENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

I. DEPARTMENT CHAIR: (Approval required only for students in Pending Probation status requesting a Temporary Withdrawal.) <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comment: _____ Signature: _____ Date: _____			
II. DSO NOTIFICATION (International Students Only) Comment: _____ Signature: _____ Date: _____			
III. OFFICE OF THE REGISTRAR: <input type="checkbox"/> Official Withdrawal <input type="checkbox"/> Unofficial (Administrative) Withdrawal-indicate reason in comment section <input type="checkbox"/> Temporary Withdrawal Comment: _____ Is the student on Hold ARPP-PRI? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____			
IV. FINANCIAL AID Comment: _____ Signature: _____ Date: _____			
V. STUDENT ACCOUNTS Balance Due <input type="checkbox"/> No <input type="checkbox"/> Yes Amount: _____ Signature: _____ Date: _____			
FOR USE BY THE OFFICE OF THE REGISTRAR			
DOD: _____	LDA: _____	NSLDS WDRWL: _____	Processed by: _____ Date: _____
Course(s) Unregistered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade Assigned: <input type="checkbox"/> W <input type="checkbox"/> N/A <input type="checkbox"/> WF/NC/NP	
Week: _____ Refund %: _____		Notifications: <input type="checkbox"/> IT <input type="checkbox"/> Facilities <input type="checkbox"/> ISA <input type="checkbox"/> Library <input type="checkbox"/> OPT <input type="checkbox"/> HR (TCSP Student Employees Only)	