



# Office of Records & Registration Official Withdrawal Form

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

Reason for withdrawal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVID-19 Related Yes \_\_\_\_ / No \_\_\_\_

Student Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number(s):

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

City

State

Zip

Personal Email Address: \_\_\_\_\_

*By signing and submitting this form, I am acknowledging that I am officially withdrawing from Dillard University, effective the day I sign this document. When withdrawing from the University, students who receive Federal Financial Aid will be subject to the Return of Title IV Funds (R2T4) calculation process. Depending on the Withdrawal Date, you may be required to return all or a portion of the Financial Aid that was awarded/dispensed to you. Additionally, if you are a student loan borrower and withdrawing from the University, upon exiting you are required to complete the Federal Direct Student Loan EXIT COUNSELING process online at [www.studentloans.gov](http://www.studentloans.gov). You may refer to the catalog for additional information. Your signature below acknowledges that you are aware and understand that you are responsible for financial/academic penalty and the requirement indicated above based on this withdrawal.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Registrar / Director for Records & Registration*

\_\_\_\_\_  
*Date*