



Students wishing to withdraw from Simmons College of Kentucky must complete this form and obtain all required signatures. The completed form must be submitted to the Office of the Registrar.

Part I. Student Information

Last Name First Name Middle Initial Student ID#

Current Address City State Zip

Permanent Address City State Zip

Campus Email Address Personal Email Address

Phone(Cell) Phone(Other)

Part II. Student Enrollment Information

First Day of Enrollment Program of Study/Major

Withdrawal effective ___Fall ___Spring Are you receiving Veteran's Benefits? ___Yes ___No

Are you living in campus housing? ___Yes ___No

Are you receiving Financial Aid? ___Yes ___No

Do you plan to seek readmission? ___Yes ___No If yes, when? _____

Please indicate your reason for withdrawal from the college.

Financial ___ Academic ___ *Illness___ Transferring___ Relocation___ *Armed Forces___
Other___

If other, please explain_____

*Denotes Medical documentation or Military documentation required (See Student Handbook)

Part III. Student Responsibility Acknowledgements Please read and initial each statement.

- _____ I understand that it is my responsibility to discuss my decision to withdraw in advance with the Business Office, Financial Aid Office, and Academic Advisor.
- _____ I understand that I am responsible for my account balance to include tuition, fees, room and board, library fines, and any additional charges.
- _____ I understand that a hold will be placed on my account and my transcripts will not be released if I have a balance on my account at the time of my withdrawal from the college.
- _____ I understand that withdrawing from the college may impact my future eligibility.
- _____ I understand that no grades will be recorded on my transcript if my withdrawal occurs before the college designated census date (see Academic Calendar). If the withdrawal is after the designated census date but before the last day to withdraw, a “W” will be recorded on my transcript.

Student Signature _____
Date

Dean of Students _____
Date

Office of the Vice President of Academic Affairs _____
Date

Part IV. For Registrar’s Office Use Only

Appropriate Grades Assigned _____
Withdrawn From Courses _____

Copies Distributed to:
___ Student
___ Business Office
___ Financial Aid
___ Advisor

Office of the Registrar _____
Date