



# STARR KING

## SCHOOL FOR THE MINISTRY

### Withdrawal Form

A student may withdraw from a degree program by written request.

**Veterans:** The Veteran's Administration will be advised within 30 days of the date of withdrawal, which will be the date the Dean of the Faculty signs this form. When a student is withdrawn, veteran's benefits will be discontinued and any further certification of benefits terminated.

The GTU Financial Aid Office will perform a Title IV Return of Funds Calculation and have students with federal loans undergo a Loan Exit interview. A student who is withdrawn may be asked to re-apply.

Student Legal Name: \_\_\_\_\_

Student Preferred Name (if Used): \_\_\_\_\_

Student ID #: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Program: \_\_\_\_\_

Advisor: \_\_\_\_\_

I am requesting to withdraw from the program \_\_\_\_\_  
(Semester and Year)

Began Program \_\_\_\_\_ Did you receive financial aid this year? \_\_\_\_\_  
(Semester and Year) (List what kind)

Have you ever received financial aid: \_\_\_\_\_  
(List what kind)

Reasons for request (You may attach a letter if you prefer): \_\_\_\_\_  
\_\_\_\_\_

1. Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Dean of Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Student Accts Mgr. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students must save the completed form as a PDF with the name as Term.Withdrawal.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your advisor. The office of the registrar will obtain the necessary signatures after the completed PDF form is received.