

Total Withdraw Form



EASTERN OKLAHOMA STATE COLLEGE

Registrar's Office

EOSC ID Number: [] Semester: [] Date: []

Last Name: [] First Name: [] M.I. []

Mailing Address: [] City: []

State: [] Phone Number: []

I hereby request to be withdrawn from all EOSC courses for the following reason(s):

- Reason for Total Withdraw: [] Dissatisfied with Instructor/College [] Dissatisfied with Schedule/Classes [] Failing [] Family Issues/Health [] Financial [] Health/Medical [] Military [] Moving [] Personal [] Transferring to another College/University [] Transportation Problems [] Work Related

Other: []

Student is a first-time in college student: [] Yes [] No

[] I am aware that withdrawing from all my courses could affect the following:

- [] Academic Standing [] Campus Housing [] Financial Aid

[] I am aware that if I receive financial aid and withdraw from all my courses, I may not receive further financial aid disbursements, may lose some or all of the aid that has already been disbursed and will be responsible for payment of any balance after the required return of the unearned federal student aid funds.

[] I am aware that I should meet with representatives from academic advising, housing, and financial aid prior to submitting my Total Withdraw Form.

[] I am aware that the Registrar's Office will send notifications to representatives in academic advising, housing and financial aid.

Student Signature: [] [] via email [] via phone

EOSC Staff: []

Registrar's Office Use Only Date: [] Notification sent to relevant areas: [] Received by: []