

## **Term Withdrawal Request**

Office of the Registrar 847-491-5234 Fax: (847) 491-8458 nu-registrar@northwestern.edu

This form is for students to request withdrawal from the University, either for a current or upcoming term with an intent to return, or permanently. Students receiving financial aid, including student loans, living in University housing or studying on a University-sponsored F1 or J1 visa are responsible for contacting the associated offices on campus to inform them of this change in status.

	Ter	m and year:	<del></del>	
First Name		Last	Name	Student ID
			2 12	
	School		Dual Degree	School if applicable
Reason:	Transfer to another program or institution			
	Military service	- (		
	Personal (family, pr	otessional, etc.)		
(	'Optional):			<u> </u>
-				<del>-</del>
-				
Retain				
Graduation Term (if applicable)			nove	
		Defe	er to:	
in an entry on th	ne transcript documenting	the withdrawal date. W		te 6th week of classes will result te" after the end of the 6th week the withdrawal date.
Student Signatur		udent Signature	Date	
	e all future enrollment:	☐ Term	Withdrawal Effective date:	
DISCON	inue the student record	<b>L</b>		
	Du	ual degree students must obta	in signatures from both schools.	
Appro	ver	Signature	Approver	Signature
Scho	ol	Date	School	 Date