

## UNIVERSITY WITHDRAWAL FORM

Class Deans
Fred-Rick Roundtree – Freshman Dean
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Jernice Lea – All SACE Students

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## YOU ARE REQUIRED TO CONSULT WITH YOUR CLASS DEAN PRIOR TO WITHDRAWING

Semester:20		
Last Name:	First Name:	MI:
Student ID Number: Classification	on: 🔲 Freshman 🔲 Sophomore 🔲 Ju	unior 🔲 Senior 🕦 Graduate
Permanent Home Address:		
City/State/Zip:		
Phone:	Alternate Phone:	
Email:	Alternate Email:	
Residence Hall & Room No:	Residence Hall Ch	eck-Out Date:
Major:	Academic Advisor	:
Are you ACT 101 Student? ☐ Yes ☐ No	Have you discussed your plans wit	th your Advisor? $\square$ Yes $\square$ No
REASON(S) FOR WITHDRAWAL	EXPECT	TATIONS FOR RETURN
□ Could not obtain financial clearance □ Medical condition/Health of student □ Need to help family □ Academic performance □ Disciplinary Action □ Courses needed not offered □ Other:  Student Signature  Class Dean Signature	☐ Do Not ex☐ Temporary☐ Permanent	Return: When? pect to return.  y transfer to another institution  t transfer to another school
	OFFICE USE ONLY TYPE OF WITHDRAWAL	
O Semester completed (Not returning)	Notification D	ate:
O Semester beginning (No tuition charge	s) 🗆 Never Atter	nded
O During semester (After clearance dead	line) Last Date of A	ttendance: