

- Withdrawal Date \_\_\_\_\_
- Leave of Absence - Date of Return \_\_\_\_\_
- Graduation Date \_\_\_\_\_

**Section One (to be completed by ALL students)**

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Permanent Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Personal Email (Non-LMC) \_\_\_\_\_  
The last day I attended classes was (mm/dd/yy) \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section Two (ALL students must obtain signatures from each of the following offices/departments)**

Bookstore \_\_\_\_\_  
Academic Advisor \_\_\_\_\_  
Shelton Learning Commons \_\_\_\_\_  
Financial Aid \_\_\_\_\_  
Student Account Office \_\_\_\_\_  
Status of Account \_\_\_\_\_  
Student Development \_\_\_\_\_  
Have keys been turned in?  Yes  No  N/A  
Registrar \_\_\_\_\_

**For graduates only:**

Alumni Office \_\_\_\_\_

Reason for withdrawal:

- Academic Difficulty  Medical  Personal Problems  Financial Difficulty  Lost interest in college
- Transferring to \_\_\_\_\_ Plan to major in \_\_\_\_\_
- Other \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_