



University of Holy Cross - Office of the Registrar  
 4123Woodland Dr., New Orleans, LA 70131  
 (504) 398-2235  
 registrar@uhcno.edu

SEMESTER/YEAR
Fall _____
Spring _____
Summer _____

Date of Birth: _____
Student ID
Number: _____

## OFFICIAL WITHDRAWAL FORM

Please type or print

Student Name:		SSN:
<i>Last</i>	<i>First</i>	<i>MI</i>
Permanent Address:		
<i>Street</i>	<i>City</i>	<i>State/zip</i>
Permanent Phone:	Mobile:	Email Address:
<b>Official withdrawals from the University of Holy Cross will only be processed using this official form. Please circle the primary reason for withdrawal.</b>		
00 – Unknown/Other 01 – Medical Problem 02 – Financial Difficulties 03 – Family Problems 04 – Employment Conflict	05 – Transportation Difficulties 06 – Military 07 – Lack of Study Skills 08 – Academic Problems 09 – Lack of Prerequisites	10 – Transfer to New School 11 – Conduct Problems 12 – Administrative Withdrawal
It is the responsibility of the student to contact the appropriate offices (if applicable) below to ensure proper withdrawal:		
Academic Advisor		Student's Initial
Financial Aid recipients – Financial Aid Office		_____
Bursar Office		_____
Veterans – VA Certifying Official		_____
<b>FINANCIAL AID RECIPIENTS</b>		
Are you receiving any form of financial aid (grants, loans, work study)? *YES _____ NO _____		
*You will be required to repay any unearned portion of the financial aid you have received.		
If you are withdrawing in person, you must speak with a Financial Aid and Scholarships counselor to discuss your financial aid liabilities (if any) and your payment options. If you are not withdrawing in person, you are responsible for reading all notifications (email and/or letters) sent to you regarding your financial aid liabilities (if any) and your payment options.		
I understand that I have officially withdrawn from the <b><u>current semester only</u></b> . I further understand that I will remain responsible for any and all debt incurred at the University of Holy Cross.		
<b>STUDENT SIGNATURE:</b>	<b>DATE:</b>	
<b>FOR REGISTRAR'S OFFICE USE ONLY</b>		
Processed by:	NSLDS:	DATE: