

USE THIS FORM TO REQUEST TO DROP ALL CLASSES FOR THE SEMESTER

THE ATI CAMPUS IS PROCESSING THESE REQUESTS ELECTRONICALLY. NO SIGNATURES ARE REQUIRED, BUT ALL REQUESTS AND APPROVALS MUST BE SENT VIA OSU E-MAIL ACCOUNTS.

The student must

1. Download the form.
2. Complete the top two sections of the form down to the COLLEGE OFFICE USE ONLY section.
3. Do a Save As and name the file WITHDRAWAL, their last name, and the term (Example: WITHDRAWAL Jones AU21)
4. E-mail the saved file as an attachment to ATIAcademicAffairs@osu.edu. If the request is being made after week 10 of the semester, documentation of extenuating circumstances must also be included with the submission of this form.

The Associate Director will review the request and approve or deny.

Academic Affairs will then notify the student of the decision and forward the request to the University Registrar's Office in Columbus for final processing.

OSU Student ID

Term Year

TERM WITHDRAWAL FORM

Name.#

Last Name

First

Middle/Maiden

College

Academic Level

Campus

Based on Faculty Rule 3335-8-32 (Withdrawal from Courses or from the university), this form is used to officially withdraw from the university for the term.

Use of this form is required if date maintenance or an administrative override is necessary. Otherwise, dropping enrolled courses is all that is required to withdrawal for the semester.

I request permission to officially withdraw from the university for the term.

The reason(s) for this request is:

Personal

Military

Class not needed

Relocation

Financial

Transferring

Failing

Per Petition/Committee approval

Health/Medical reasons

Other: _____

Job

Student Signature

Today's Date

COLLEGE OFFICE USE ONLY

Is this withdrawal request past the 7th Friday (Quarters) or 10th Friday (semesters)? Yes No

If yes, has the student completed the petition process and been approved? Yes No

Effective Date of the Withdrawal as determined by the College Office ____/____/____

Is your office able to provide supporting documentation (by request) for audit purposes? Yes No

Authorized Signature

Today's Date

Authorized Signer's Name (Print Please)

Please forward a copy of the form to the Office of the University Registrar, registrar@osu.edu

O.U.R. USE ONLY

OUR Processed Date ____/____/____ Processor's Initials _____

Last Date of Attendance (Military Use) ____/____/____