



Withdrawal Form

Students desiring to withdraw from **Carolina University of Theology** must complete this form, obtain the Signatures of those officials indicated below, and meet with the Dean of Students.

Student's Name: _____ Today's Date: _____

ID#: _____ Date Enrolled at C.U.T: _____ Class Year: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

Campus Address: _____

Best way to reach you once you leave C.U.T: _____

I plan to withdraw as of beginning: _____
Month day year

I plan to transfer to another institution beginning: _____ Institution: _____
Term year

Obtain the signatures required below:

1. Student and I (have) (have not) discussed the withdrawal implications on his/her academic program.

Faculty Advisor or Dean for Academic Advising Date

2. Student (has) (has not) notified the Financial Aid Office of his/her withdrawal.

Financial Aid Director Date

Currently owes a tuition balance to the University? Y N

3. Satisfactory arrangements (have) (have not) been made for the payment of all College accounts.

Controller Date

Outstanding Balance _____

4. Student has notified the Registrar of his/her leaving.

Registrar Date

I acknowledge that my withdrawal may adversely impact my current and future financial aid awards and result in a balance due to Carolina University of Theology. I accept responsibility for any and all amounts due to the College consistent with the policies outlined in the College Catalog.

Student Signature Date

Dean of Students {Final Signature} Date

For Office Use Only

Reason Code _____ Disciplinary File? Y N Conditions for Return? Y N