

# MURRAY STATE UNIVERSITY WITHDRAWAL FORM

M# \_\_\_\_\_ Today's date \_\_\_\_\_ Semester: \_\_\_\_\_

Check one: FR \_\_\_\_\_ SOPH \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ Graduate \_\_\_\_\_ OTHER \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First MI

Permanent Address: \_\_\_\_\_  
PO Box or Number & Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

DATE CLASS WAS LAST ATTENDED: \_\_\_\_\_



DATE REQUIRED

FOR OFFICE USE ONLY

Are you a veteran? YES \_\_\_ NO \_\_\_

Reason for withdrawing: \_\_\_ Medical \_\_\_ Transferring \_\_\_ Work Conflict \_\_\_ Military Activation \_\_\_ Financial Other \_\_\_\_\_

I understand that it is my responsibility to have this form signed at the offices indicated below, and the **refunds and grades are determined by the date Item 6 is completed. IF the withdrawal is mailed, the effective date will be the postmark date.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. **ALL** students go to the Waterfield Library Circulation Desk.

\_\_\_\_\_  
Library Representative's Signature Date: \_\_\_\_\_

2. **ALL** students go to the Retention Office, 200 Ordway Hall.

\_\_\_\_\_  
Retention Office Representative's Signature Date: \_\_\_\_\_

3. Did you live in university housing this semester?

YES \_\_\_ NO \_\_\_

IF **YES**, you must go to the Housing Office, 206 Stewart Stadium. **ID with photo required.**

\_\_\_\_\_  
Housing Office Representative's Signature Date: \_\_\_\_\_

4. **ALL** students must go to the RACERCARD Office, 1st level, Curris Center. **ID with photo required.**

Did you have a meal plan or declining balance this semester?

YES \_\_\_ NO \_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

Declining Balance Refund Student's Signature

\_\_\_\_\_  
RACERCARD Office Representative's Signature Date: \_\_\_\_\_

5. **ALL** students go to Public Safety Office, corner of Olive and 16th streets, to return parking tag.

\_\_\_\_\_  
Public Safety Office Representative's Signature Date: \_\_\_\_\_

6. **ALL** students go to the Student Financial Aid Office, Basement, Sparks Hall.

\_\_\_\_\_  
Student Financial Aid Representative's Signature Date: \_\_\_\_\_

7. **ALL** students go to the Student Loans Accounting Office, Room 206., Sparks Hall.

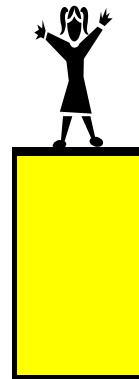
\_\_\_\_\_  
Student Loans Accounting Representative's Signature Date: \_\_\_\_\_

• \_\_\_\_\_

For questions or inquiries contact [registration@murraystate.edu](mailto:registration@murraystate.edu) or 800/272-4678 or 270/809-3776.

Registrar's Office Murray State University 113 Sparks Hall Murray KY 42071-3312 USA

**Fax: 270-809-3050**



Registration processed (INIT/DATE) for office use only