Office of the Registrar

TENNESSEE TECH

UNIVERSITY WITHDRAWAL FORM (to withdraw from all classes)

Checklist for Withdrawing from the University:

❑ Consider your options. Before leaving campus, we suggest taking a moment to ask yourself if you are certain that you have attempted to resolve the problem that is prompting you to leave, or given the University a fair chance to be aware of the issue and make an effort to resolve it for you.

❑ Please discuss any financial issues first with the Financial Aid office and/or the Business Office. If you still decide to pursue withdrawing, we recommend contacting them just the same in the event you are due a refund. The Business Office can be contacted at: 1.800.416.0151 or at Bursar@tntech.edu. The Financial Aid Office can be contacted at: 1.800.268.0236 or at FinancialAid@tntech.edu.

❑ Academic issues can typically be resolved by contacting your Advisor, the Chair of your major department, or the Dean of your school/college. For contact information, please visit the University Directory at: www.tntech.edu/peoplefinder/.

❑ Our Counseling Center can assist you with any problems of a more personal nature. Please contact the Counseling Center at: 931.372.3331 or at: counsel@tntech.edu.

❑ If you decide that withdrawing is in your best interest, please know you have our full support. To continue the withdrawal process, you will need to complete the remainder of this form in its entirety and return it to the Office of the Registrar.

This form must be turned in on or before the last day of classes for the semester. Forms will not be accepted/processed after this deadline.

Clear Form

More Forms

Office of the Registrar

TENNESSEE TECH

UNIVERSITY WITHDRAWAL FORM (to withdraw from all classes)

Student Name: _____ T#: _____
(Last) (First) (MI)

Term/Year: _____ Email: _____ Phone: _____

Reason for Withdrawal (please check any that apply to you):

- ❑ Difficulty Adjusting
- ❑ Military Service
- ❑ Difficult Living Arrangements
- ❑ Medical Issues | Family Illness/Death
- ❑ Program of Study
- ❑ Financial Issues
- ❑ Family Responsibilities
- ❑ Intend to Transfer to Another College/University
- ❑ Academic Progress
- ❑ Course Availability
- ❑ Job/Work Schedule

Please check any of the following that apply to you:

- ❑ Current Student (attended classes this term)
- ❑ International Student
- ❑ Resident of University Housing
- ❑ HOPE/Financial Aid Recipient
- ❑ Student Athlete
- ❑ Veteran

Please initial each of the following:

___ *I understand that I may not enroll or receive a diploma, transcript of my record, or grade report until all matured debts or obligations to the University, or any phase of its program, have been cleared.*

___ *I understand that by withdrawing from the University, I am withdrawing from all of my classes. If we are in the "W" grading period (usually the third week of classes), I will receive a "W" in all of the classes for which I am currently enrolled. If I withdraw before "W" grading begins, I will not receive a grade in any of my classes. Processing of this withdrawal may take up to three (3) business days. This withdrawal will be confirmed by an email from the Registrar's Office sent to my tntech.edu account.*

___ *If you are receiving any type of financial aid, withdrawing from the University* ***may*** *impact your eligibility. I acknowledge that I may be required by federal law to repay some or all of any financial aid I have received to attend TTU.*

___ *I acknowledge I will not receive a refund if this request is submitted beyond a refund period. My withdrawal does not cancel fees and charges already incurred. View published refund deadlines at www.tntech.edu/calendar.*

___ *I understand if I live on campus I will check out of my housing within 48 hours of the withdrawal. I agree to directly contact my Residential Life staff when I withdraw for more information.*

___ *If I am an International Student, or if I am receiving any type of Veteran Benefits, I acknowledge I have contacted the appropriate International Education Office personnel (for International students) or my campus VA personnel (if receiving VA benefits) to discuss my withdrawal and any potential impact on my educational benefits.*

Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

OFFICE USE ONLY: ❑ Account Balance (AP) ❑ Account Balance (LA)