

Complete Withdrawal/Change of Status Form



THE MASTER'S
UNIVERSITY

Semester: _____

Student Name: _____

ID #: _____

Student Signature: _____

Effective Date: _____

Reason: _____

If the semester has already begun, student must obtain signatures from the following departments and return this form to the Registrar's Office:

Student Life: _____ Date: _____

Dir. Of Student Accounts: _____ Date: _____

Financial Aid: _____ Date: _____

Registrar: _____ Date: _____*

*Used as official date of withdrawal. If you have student loans at TMU, your lender will be notified of your last day of attendance.

-----OFFICIAL USE ONLY-----

Complete Withdrawal Change of Status Academic Disqualification

Registrar / Admissions File to Admissions File to Non-Current

Emailed all below on date: _____

Advisor: _____

Professors: _____

Academic Counselor: kantariksa

Admissions: sdyer

Deans: bzamroz, khwilson

Financial Aid: kpiester, rwethern, gfigueroa, hneeley, dsilva

LMS Support: lmssupport

Mail: ctrujillo

Nurse: sjensen

Registrar: vhixson, kbrown

Student Accounts: jphillipps, jehlen

Student Employment: eaydelotte

Student Life: studenthousing, mmoses

OLP Student: