



## Student Request for Official Severance From Academic Program

This form must be submitted to your academic department.

**WARNING!** Submission of this form does not automatically withdraw you from classes for the current or future terms. Please visit [www.kumc.edu/registrar](http://www.kumc.edu/registrar) for complete information on how to drop classes.

Name:	KUID:
Academic Program:	
Effective Date of Withdrawal:	

**Initial all that apply:**

\_\_\_\_\_ **STUDENTS RECEIVING FINANCIAL AID** — I understand that if I withdraw from **ALL** classes, I may owe financial aid back to the university based on federal regulations that require a refund calculation to determine the Federal Title IV Funds I earned. I understand that any future financial aid will be canceled. I understand that withdrawing from classes will impact my satisfactory academic progress standing and may cause me to lose my future financial aid eligibility. I understand that if I am receiving a university scholarship I may lose scholarship eligibility.

\_\_\_\_\_ **INTERNATIONAL STUDENTS** — I have obtained advisement from International Programs and I understand the ramifications that withdrawing from the program will have on my VISA status.

\_\_\_\_\_ **VETERANS** — I understand that an official term withdrawal from the university will automatically initiate a recalculation of tuition, fees and the rate of pursuit (enrollment status) reported to the VA. I understand that withdrawing from the university may impact my GI Bill benefits, holding me responsible for the repayment of a portion of my tuition, fees and housing as determined by the VA. For more information, I will consult with a Certifying Official for Veteran Educational Benefits in Student Financial Aid.

\_\_\_\_\_ **GRADUATE STUDENTS**— I understand that any university support (i.e. GTA, GRA stipends) are subject to cancellation.

\_\_\_\_\_ **DOCTORAL STUDENTS** — I understand that I must file a leave of absence with Graduate Studies.

\_\_\_\_\_ **ENROLLMENT (except for MD Students)** – I affirm that I have officially withdrawn from any current or future semesters in Enroll and Pay.

**THE UNIVERSITY DOES NOT ASSUME RESPONSIBILITY FOR LOST OR REDUCED REFUNDS, LOSS OF FINANCIAL AID OR OTHER ENTITLEMENTS IF YOU FAIL TO SEEK ADVISMENT FROM THE APPROPRIATE OFFICES.**

I understand that a withdrawal from **ALL** classes may have various academic implications including my degree plan, course requirements, prerequisites and other college policies. For more information, I will consult with my academic advisor directly.

I understand that I may have an outstanding balance which, if unpaid will prevent me from future enrollment, ordering transcripts or utilizing other university services until paid in full. I understand that additional fees may be applied to any unpaid balance.

I further understand that my withdrawal from **ALL** classes is effective the date that it is submitted in Enroll and Pay and my partial refund, if any, will be calculated based on that effective date and in accordance with the published refund schedule. I further understand that this form does not automatically drop me from current or future classes.

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

Academic Program Signature and Date: \_\_\_\_\_