

Withdrawal Form

Complete and submit form to the Office of the Registrar

Office of the Registrar

****This form cannot be used for requests that are past a university deadline or prior term - refer to the Late Drop/Withdrawal Appeal Process****

Student Information												
Last Name, First Name, MI								WID (found in the upper left corner of your ID card)				
K-State Email:								Career (check all that apply):				
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ year								<input type="radio"/> Undergraduate <input type="radio"/> Graduate <input type="radio"/> Veterinary Medicine				
Academic Program (select one)												
<input type="checkbox"/> AG	<input type="checkbox"/> AI	<input type="checkbox"/> AR	<input type="checkbox"/> AS	<input type="checkbox"/> BA	<input type="checkbox"/> ED	<input type="checkbox"/> EN	<input type="checkbox"/> GR	<input type="checkbox"/> HHS	<input type="checkbox"/> LD	<input type="checkbox"/> VM	<input type="checkbox"/> UG	

Withdrawal from K-State has been discussed with (select all that apply):					
<input type="checkbox"/> Advisor	<input type="checkbox"/> Instructor	<input type="checkbox"/> College Dean's Office	<input type="checkbox"/> Housing & Dining Services	<input type="checkbox"/> Office of Student Support & Accountability	<input type="checkbox"/> Other

I am receiving Financial Aid (e.g., grants, loans, scholarships): ☐ YES ☐ No

I have consulted with my [Financial Aid Advisor](#) regarding the impact of a drop/withdrawal on my financial aid eligibility.

I am an International Student (e.g., F-1, J-1): ☐ Yes ☒ No

I have consulted with International Student and Scholar Services (ISSS) regarding the impact of a drop/withdrawal on my immigration status.

I am an NCAA Division I Student-Athlete: ☐ Yes ☐ No

I have consulted with K-State Athletics regarding the impact of a drop/withdrawal on my NCAA eligibility.

I am eligible for Veteran Education Benefits: ☐ Yes ☐ No

I have consulted with the Office of Veteran Affairs regarding the impact of a drop/withdrawal on my benefits eligibility.

List ALL Courses that should be dropped/withdrawn				
Course Subject (ENGL, MATH, etc..)	Course Number (100, 225, etc..)	Class Number (CRN) 5-digit number	Units/Credit Hours	Institutional Action Date

Student Reason/Rationale for Request:

Student Acknowledgement and Certification: By submitting this form, I affirm that all information provided is complete and accurate to the best of my knowledge. If I have received or am currently receiving any form of financial aid (e.g., scholarships, grants, student loans), I understand that I am strongly encouraged to consult with the Office of Student Financial Assistance to determine any potential financial implications related to this request. My signature below confirms my understanding of the implications of this official request to drop or withdraw from a course(s). I acknowledge that providing false or misleading information may result in financial liability, disciplinary action, and/or dismissal from the University. I further understand that making a false writing is a felony under Kansas law ([K.S.A. 21-5824](#)), and that information from my official university educational records may be used as part of this verification process.

Student Signature: _____ **Date:** _____

Dean's Office Action ONLY:**Required Action – This Form Will Be Returned If This Section Is Not Completed**

Institutional Action Date – date transaction should be processed with in KSIS	Withdrawal Date – Date inquiry/request came to you
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Dean's Office Representative: _____
(printed)

Dean's Office Rep Signature: _____ **Date:** _____