

Withdrawal Request Form

Instructions:

1. The student is responsible for the processing of this form.
2. This form must be completed and submitted to the Office of the Registrar BEFORE withdrawal is considered.

Name: _____ Degree: _____

Address: _____ Year: _____ GPA: _____

City/State/Zip: _____ Hours Completed: _____ Age: _____

Phone: _____ Class: (circle one): Junior Middler Senior

Do you plan to return to NTS? (circle one) Yes No

What are your future plans? _____

Reason for Withdrawal (Form will not be accepted without a reason): _____

The student is responsible for making sure they have good standing in the following areas. Please have the respective office initial below.

GSL _____ Scholarship _____ Veteran _____ Library _____

Business Office (balance or refund) _____

Student's Signature

Date

*Academic Dean/Registrar's Signature

Date

*Signature may be acquired by an interview with the Academic Dean or the Registrar.

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