**WITHDRAWAL REQUEST FORM**

(Please Print)

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 and Admissions BEFORE withdrawal is considered.

Name:  Degree:

Address:  Term/Year: GPA: 

City/State/Zip:  Hours Completed:  Age: 

Phone:  Class (check one): Junior Middler Senior

Do you plan to return to NTS?  Yes No

What are your future plans? 

Reasons for Withdrawal (form will not be accepted without a reason):



The student is responsible for making sure he or she has 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 Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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