



**OFFICE OF THE REGISTRAR  
APPLICATION FOR COMPLETE WITHDRAWAL FROM THE UNIVERSITY**

West Texas A&M University, WTAMU Box 60877, Canyon, Texas 79016  
Phone (806) 651-4911 Fax (806) 651-4949

**Complete the form below, print, sign and submit to the Registrar's Office via mail, in person, or fax.**

- You may want to print a copy of this form for your records.
- Once the Registrar's Office receives your application for withdrawal, we will process your drops.

Social Security Number or WT ID \_\_\_\_\_ Term Withdrawing From \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Do you plan to return to college?      No              Yes      Where \_\_\_\_\_

Reason for Withdrawal:      Financial      Medical      Work      Personal  
Other \_\_\_\_\_

Brief explanation of withdrawal: \_\_\_\_\_

**Student signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note to Student:** Because you are leaving the university, we recommend you consider contacting your academic adviser, the Library, Financial Aid, Residential Living, Business Office, and University Police concerning your status in those offices.

*With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.*

**Refund Information**

The effective date for withdrawals is the date notification is received by the Registrar's Office.

**Tuition / Fees** – A refund may be due upon withdrawal from the University. Refer to the current Schedule of Classes for refund percentages and dates. Refunds are based on amount owed, not amount paid. Withdrawal may not relieve the financial obligation if there is an outstanding balance (651-2080). A copy of the withdrawal form will be forwarded to the Business Office. Refunds may take up to six weeks.

**Housing / Meals** – Student must contact Residential Living Office at (806)651-3000, for instructions and procedures.

**For Office Use Only**

TERM \_\_\_\_\_ Remarks \_\_\_\_\_

Processed by: \_\_\_\_\_ Registrar \_\_\_\_\_ Date processed \_\_\_\_\_