



Undergraduate Withdrawal Record

Return completed form to Academic Counseling
UNH Manchester, 88 Commercial Street, Manchester, NH 03101

This record is to be completed by all students withdrawing from the University. All academic and financial rules regarding withdrawals are in effect. If you are receiving any form of Financial Aid, please contact the Student Accounts office regarding possible refunds. Students who withdraw after mid-semester will have grades of “WP” or “WF” recorded.

Student Number _____ Student Name _____
Last First Middle Initial

Effective Semester of Withdrawal Fall Spring Academic Year _____

Major: _____ Class: Freshman Sophomore Junior Senior

Address: _____
Street City State Zip

Tel: (____) _____ Email: _____

Reasons for Withdrawal (check all that apply):

- Academic _____ Personal _____
- Financial _____ Other _____
- Are you transferring to another school? If yes, name of school _____

Are you receiving financial aid? Yes No Are you receiving VA benefits? Yes No

Last Date of Attendance: _____

Today's Date: _____

Student Signature (Not valid without signature)

----- OFFICE USE ONLY -----

Effective date of withdrawal: _____ Academic Counseling signature: _____

Financial Aid signature: _____ Student Accounts signature: _____