



Notice of Withdrawal Form

Purpose: This form is used to record the withdrawal or dismissal of a student from Schiller International University. Notification of intent to withdraw from the institution will begin a series of events involving the recalculation of financial aid entitlements, determination of any refunds of tuition and fees, and the assessment of a withdrawal fee. The information in this form may be used for determination of eligibility for readmission to Schiller International University.

Privacy: Schiller International University collects, processes, and maintains student information that is germane to the institution and enables providing its supporting services. Full details of Schiller’s disclosure of student records can be found in the Catalog at www.schiller.edu/download-center/. The following information is required to process this form and submission of the form is expressed consent to the collecting, processing, and disseminating of the information as requested. Withheld or missing information may delay or prevent the completion of the request.

Instructions: OFFICIAL WITHDRAWAL Student must complete Student Information Section then meet with all Required Staff Sections. Return the completed form to the Registrar’s Office prior to the Effective Date of Withdrawal.

UNOFFICIAL WITHDRAWAL – DISMISSAL Registrar will complete Student Information Section then provide copy to Student and Staff Sections.

STUDENT INFORMATION SECTION

Form with fields for Last Name(s), First Name(s), SIU ID Number, Permanent Address, Country, Postal Code, E-Mail Address, Country Code, Telephone Number.

Reason for Withdrawal

- Transferring to another school
Dissatisfied with my academic performance
Class-Work scheduling conflict
Financial difficulties
Relocation
Entered the military
Other:
Courses I want are not available
Dissatisfied with the quality of teaching
Dissatisfied with the learning environment
Could not obtain sufficient financial or veteran’s aid
Accepted employment
Illness/Personal problems

Student Acknowledgement

My signature below acknowledges that –

- a) An administrative fee will be assessed to my student account balance according to the following fee schedule: European Campuses: 81.00 Euros | Florida and Distance Learning Campuses: 100.00 US Dollars
b) Official transcripts from Schiller International University will not be released if I have an overdue or unpaid student account balance
c) Withdrawal from Schiller International University may affect my legal residency status if I am an international student, and it is my responsibility to confirm my status with the appropriate immigration authorities

Effective Date of Withdrawal

MM / DD / YYYY

Student Signature

Date of Signature

Student Signature and Date of Signature fields

REQUIRED STAFF SECTIONS

Registrar

Date Received <div style="text-align:center; color:lightgray;">MM / DD / YYYY</div>	Enrolled Program Version	Current Program Version			
Credits Required	Credits Attempted	Credits Earned	Credits Remaining	Completion Rate	Cumulative Grade Point Avg

Satisfactory Academic Progress Status: Met Warning Probation Extended Enrollment

Bursar

Student Account Balance <div style="height:20px; border:1px solid black;"></div>	Payment Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Date <div style="text-align:center; color:lightgray;">MM / DD / YYYY</div>	Signature
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Financial Aid

Financial Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No	Date <div style="text-align:center; color:lightgray;">MM / DD / YYYY</div>	Signature
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Advised of Financial Aid / Veteran's Aid refund and return policies

Academic and Career Services Advisor

<input type="checkbox"/> Advised of readmission procedure <input type="checkbox"/> Advised of program readmission requirements <input type="checkbox"/> Advised of S.A.P. appeal procedure (if applicable)	Date <div style="text-align:center; color:lightgray;">MM / DD / YYYY</div>	Signature
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S.E.V.I.S. Compliance Officer

<input type="checkbox"/> Advised on effect of withdrawal on Student and Exchange Visitor Program (SEVP) status (Florida Campus international students only)	Date	Signature
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Final Disposition (Registrar)

- OFFICIAL WITHDRAWAL** Student is withdrawn in accordance with student's request.
- UNOFFICIAL WITHDRAWAL** Student is withdrawn for following reason:
 - Failure to attend class
 - Failure to return from leave of absence
 - Failure to pay tuition and/or fees
 - Other: _____
- DISMISSAL** Student is dismissed for the following reason:
 - Failure to maintain satisfactory academic progress
 - Student can file Appeal of SAP Dismissal with Academic and Career Services Advisor
 - Violation of Academic Integrity and Professional Conduct Policy
 - Violation of Alcohol and Illegal Drug Use Policy
 - Other Violation or Derogatory Cause: _____

Certified Date of Withdrawal <div style="text-align:center; color:lightgray;">MM / DD / YYYY</div>	Certified Last Date of Attendance <div style="text-align:center; color:lightgray;">MM / DD / YYYY</div>	Withdrawal Completion Date <div style="text-align:center; color:lightgray;">MM / DD / YYYY</div>	Signature
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Readmission Eligibility Assessment: High Medium Low By Exception

Distribution: Original – Registrar (Student Record)
 Copy – Student
 Copy - Admissions