

Institutional Withdrawal

Name: _____ ID#: _____

Degree Program: _____ Campus: _____ Date: _____

I am withdrawing from Alliance University/ATS effective (date): ____/____/____ (month/day/year)

As applicable: I will be leaving the campus housing as of ____/____/____ For Residence Life purposes

The reason(s) for my withdrawal are as follows:

☐ Change of Vocational Intent ☐ Financial ☐ Marriage ☐ Birth ☐ Death in family ☐

Transferring

☐ Dissatisfaction with Alliance/ATS ☐ Illness ☐ Other _____

Please share with us any way you feel we could have helped you to have a more successful experience: _____

☐ I DO expect to return for the _____ semester.

☐ I DO NOT expect to return.

Tuition Refund schedule for students who withdraw:

100% refund if student withdraws by the end of the registration period (end of add/drop).

80% refund if student withdraws by the end of the second week.

60% refund if student withdraws by the end of the third week.

40% refund if student withdraws by the end of the fourth week.

20% refund if student withdraws by the end of the fifth week.

No refund if student withdraws more than five weeks.

*Note: Withdrawal may jeopardize student eligibility for scholarships, loans, grants, athletics, and college-owned housing. Students are responsible for any remaining balance.

☐ I have read the Tuition Refund schedule and Note.

Please sign your name below if you understand and agree to these conditions, and to affirm that you understand it is your responsibility to be informed of Alliance University registration and financial policies, and to comply with those policies. Your signature indicates that you agree to pay any balance due as a result of the withdrawal.

Student's Signature _____

Date _____

For Office Use Only

Schedule _____ WD Student Group _____ Moved to WD status _____ CUM GPA _____ SAP hold applied? Y / N
Distribution: ☐ SFS ☐ Student Dev. ☐ Housing ☐ TAP Assessor (NY) ☐ Registrar ☐ Advisor ☐ Housing ☐
Library