



**REQUEST FOR COMPLETE SESSION WITHDRAWAL**  
**ARIZONA STATE UNIVERSITY**  
**UNIVERSITY REGISTRAR'S OFFICE**

Instructions: Use this form if you are dropping or withdrawing from your last class or only class in a given session. **Beginning the first day of each fall and spring semester, undergraduate students must initiate a complete session withdrawal request by contacting the college/school of their major.** See <http://students.asu.edu/forms/withdrawal> for additional information. Consult the Academic Calendar at <http://students.asu.edu/academic-calendar> for complete session withdrawal deadline dates.

NAME (Last, First, MI.)	ASU I.D. NUMBER	PHONE NUMBER: ( )
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Are you receiving or did you receive financial aid or a scholarship?  No  Yes  
 I understand that I must contact Student Financial Assistance for advisement on how my financial aid will be affected.  
**Financial aid recipients who completely withdraw from the university may be responsible for repayment of funds. To further discuss financial aid, please contact 1-855-278-5080.**

**Are you an International Student with an F1 or J1 visa?** (Check One)  Yes\*  No  
 \*Serious immigration consequences may result from withdrawing or dropping below full-time enrollment status. International students with an F1 or J1 visa whose drop or withdrawal will result in less than full-time enrollment must obtain advising from the International Students and Scholars Office in the Tempe Center, Suite 150. For more information visit <http://global.asu.edu/iss>, or call (480) 727-4776.

International Student Office Signature:	Date:
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<b>WITHDRAWAL REQUEST</b> (check all that apply): <input type="checkbox"/> Session A <input type="checkbox"/> Session B <input type="checkbox"/> Session C <input type="checkbox"/> Dynamic dated session	<b>SEMESTER:</b>	<b>YEAR:</b>
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Course Prefix & Number: (e.g., ENG101)	Schedule Line Number: (e.g., 12345)	Session: (e.g., A, B, C)	Semester Hours: (e.g., 0, 1, 2, 3)	Request Date (college use only - optional)

Student Signature	Date:
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College/Academic Unit Signature (required for undergraduate students during fall/spring semester):	Date:	Backdate W/D to:
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Received Stamp	For Registrar's Office Use Only	Processed Stamp
	Notation (If Needed):	

Requesting a Complete Session Withdrawal may result in varying effects to your student account. Please be mindful of the following and make sure to check in with corresponding departments:

- Financial Aid** – Financial aid recipients who completely withdraw from the university may be responsible for immediate repayment of funds. The effect of a complete withdrawal on financial aid depends on when the withdrawal is dated and the type of financial aid. More information regarding the return of financial aid is available at <https://students.asu.edu/policies/fa-withdrawal>. To further discuss financial aid, please contact 1-855-278-5080.
- Tuition and Refunds** – The date of a complete withdrawal will determine whether or not a tuition refund will be generated. See <https://students.asu.edu/tuitionrefundpolicy>. For further assistance, please contact Student Business Services at 480-965-6341.
- Health Insurance** – Students should contact their health insurance company to determine whether or not withdrawing from the university can influence their coverage.
- Residential Life** – Students who live on campus should contact their residential hall community staff to determine what impact withdrawing will have on their eligibility to live on campus, to complete a License Agreement Release (LAR) form, and to arrange an appointment to officially check out. Residential Life can be contacted at 480-965-3515.
- Veteran Benefits & Certifications** – Students should contact the appropriate Veteran Benefits & Certifications office to discuss information regarding veterans' educational benefits and/or military activation. Please visit <https://students.asu.edu/veteranbenefits> or call 480-965-7723 for more information.

For more information on Complete Session Withdrawals, see <https://students.asu.edu/forms/withdrawal> or call (480) 965-3124.



### Complete Withdrawal Exit Survey

Arizona State University  
University Registrar's Office

ASU ID Number:	Name (Last, First, M.I.):	Date:
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#### Informed Consent

Thank you for completing this optional questionnaire. Your responses will help us better understand the issues that are most important to you as an ASU student, the obstacles that many ASU students face throughout their educational careers, and how ASU can better serve its students. By signing below, I affirm that I understand my participation in this survey is voluntary, and I am willingly supplying the answers to the questions below. Further, I understand that my answers to the questions below: will be kept confidential within the ASU community, may be used to further assist me in completing my academic goals, and will in no way affect my academic standing at ASU.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Important Directions:** Read the statements below and rate how strong a factor this was in your decision to withdraw from ASU.

Please rate each statement. (Check only one box per statement).	Major Factor	Medium Factor	Minor Factor	Not a Factor
1. I had a difficult time adjusting to college life, fitting in, and/or making friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I don't feel motivated to do school work or to stay in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I don't know what major I would like to study or what career I want to pursue after school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I didn't qualify for the major/program I wanted to pursue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The major I wanted to pursue is not offered at ASU.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel ASU is not a good fit for me academically (issues with course material, my instructors, class size, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am receiving poor grades this semester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I had difficulty with my living arrangements (moving, unable to find affordable housing, issue with roommate, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I plan on transferring to another school, 4-year college, community college, or university.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Family responsibilities interfered with me completing this semester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Extraordinary personal reasons (personal mental or physical health condition, death or serious illness of a family member or close friend) interfered with me completing this semester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My job/work schedule interfered with me completing this semester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I had personal financial difficulties this semester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I had problems getting the financial aid I needed to pay for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am pursuing a religious mission which will interfere with completing this semester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I joined the armed forces or have been called to military duty which will interfere with completing this semester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have volunteered to join a government foreign aid service such as the Peace Corps, Global AIDS Initiative, Millennium Challenge Corporation, etc., which will interfere with completing this semester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other (Please explain): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Important Directions:** Please answer the following question(s) about your plans regarding the future of your educational career.

19. Do you plan on attending ASU in the future?       Yes       No       Unsure

19a **If you answered yes**, you are planning on returning to ASU:  
**When do you plan on returning to ASU?** \_\_\_\_\_

19b **If you answered no**, you are not planning on returning to ASU:  
**What are your future educational plans?**  
 Transferring to \_\_\_\_\_       Graduating from ASU this semester  
 Not Continuing my education       Undecided