

HAMPTON UNIVERSITY
OFFICE OF THE REGISTRAR
PETITION FOR SEPARATION
Withdrawal from the University

(See Collection and Student Handbook for more details)

The date of withdrawal is not effective until the student submits this form, which includes all necessary signatures to the Office of the Registrar. The date this form is received by the Office of the Registrar is the effective date of withdrawal.

HU ID _____ Undergraduate College _____ College of Virginia Beach _____

Classification _____ Graduate College _____

Major _____ Professional _____

I, _____, request _____ honorable withdrawal (Requires Good Standing)/ _____ Administrative withdrawal.

Check One:

- Leaving school to serve in Armed Forces
- Leaving school to serve with a foreign Aid Service
- Leaving school to serve official Church Mission

Other:

- Permanently Disabled
- Deceased
- Medical
- Personal
- Transfer _____ Institution

If you separate from the University before the end of the drop period, classes will be dropped from our record. If you separate by the last day of classes, you will receive "WP" or "WF". Earned grades will appear on the student record if this form is received by the Registrar after the last day of classes.

Instructor: Please assign a grade of "WP" or "WF".

Grade WP/WF	Subject, Course, Section, CRN (Example:)				Instructor's Signature
	SUBJ ENG	CRSE 101	SECTION 02	CRN 12345	

*If separation is due to Medical Reason: _____
(Signature: College Physician)

My Plans for the future are: _____

My local address is: _____

My permanent address is: _____

Student's Signature _____ Date _____

OBTAIN THESE SIGNATURES IN THE ORDER IN WHICH THEY ARE LISTED

(1) Department Chairperson _____ Date _____
(Chairperson must insure faculty has signed)

(2) Dean of your School _____ Date _____

(3) Dean of Men or Women _____ Date _____

(4) Director University Library _____ Date _____

(5) Vice President for Business Affairs & Treasurer _____ Date _____

(6) Provost _____ Date _____

(7) Financial Aid Director _____ Date _____
(Title of Financial Aid Grant or Loan Year \$Amount)

(8) Registrar _____ Date _____