

Hampton University University College
OFFICE OF THE REGISTRAR
PETITION FOR SEPARATION

Withdrawal from University College

(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 University College Office of the Registrar is the effective date of withdrawal.

HU ID: _____ Undergraduate ___ Graduate ___ Major/Program: _____ Classification: _____

I, _____, request ___ Honorable Withdrawal (Requires Good Standing)/ ___ Administrative Withdrawal.

Check One:

- Leaving school to serve in the 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 separation due to Medical Reason: _____
(Signature: Physician)

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
	SUBJECT ENJ	COURSE 101	SECTION 02	CRN 12345	

My plans for the future are: _____

My current address is: _____

Student Signature: _____ Date: _____

OBTAIN THESE SIGNATURES IN THE ORDER THEY ARE LISTED

(1) Department Chair: _____ Date: _____

(2) Dean of University College: _____ Date: _____

(3) Registrar: _____ Date: _____

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