

Students wishing to withdraw from Labouré College must meet with an Academic Advisor and/or representative from their program, and complete all appropriate sections of this form. Policies regarding Withdrawal from the College, Course Withdrawal, Refund, Financial Aid, and Academic Calendar are located online in the Labouré College Catalog & Student Handbook.

\_\_\_\_\_ Date

\_\_\_\_\_ Program

\_\_\_\_\_ Student Name

\_\_\_\_\_ ID#

Effective Date – select one

- I wish my withdrawal will take effect immediately. If you are currently enrolled in courses, you will be dropped/withdrawn provided it is not beyond the deadline to do so according to the Academic Calendar.  
**\*Please note that this option cannot be selected after the last date for course withdrawal for the semester.**
- I wish my withdrawal to take effect after final grades are received for the current semester (i.e. I will not be returning next semester
- I wish my withdrawal to take effect for a future semester.  
Please indicate the semester requested: \_\_\_\_\_

Reason for Withdrawal:

*Please indicate any of the following reasons for your withdrawal:*

Academic:	<input type="radio"/> Program does not meet my expectations	<input type="radio"/> I felt academically unprepared
	<input type="radio"/> Transfer to other College	<input type="radio"/> Difficulty adjusting to program demands
Personal:	<input type="radio"/> Relocating	<input type="radio"/> Health reasons
	<input type="radio"/> Family responsibilities	<input type="radio"/> Career goals changed
Financial:	<input type="radio"/> Tuition/books/supplies too expensive	<input type="radio"/> Insufficient financial aid
Other reason:		

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Please describe the reason that you are requesting a Withdrawal from Labouré College:  
*(This area can be written or you can attach a separate document via e-mail)*

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Student Signature

By signing, I acknowledge that I have read this form and understand that I am requesting to withdraw as a student from Labouré College. I understand that I must also meet with an Academic Advisor and/or a representative from my program for approval. I also understand and have read policies in the Labouré College Catalog & Student Handbook that is available online.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student Success & Program Representative

Approved

Approved with Conditions

Denied

Additional Comments: \_\_\_\_\_

Academic Advising/Program Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_