## Student Exit Procedure Form

100% — 1<sup>st</sup>-10<sup>th</sup> Calendar day 40% — 18<sup>th</sup>-24<sup>th</sup> Calendar day

0% — 25<sup>th</sup>-Last day of semester

70% — 11<sup>th</sup>–17<sup>th</sup> Calendar day



4150 Administration Drive, Berrien Springs, MI 49104-0800 **Phone:** 269-471-3375 **Fax:** 269-471-6001

8/2012

## Instructions & Information

			rawing from ALL classes for tivated. If you plan on returning				-
Student	's Name			Andrews ID:			
Otadoni	o rtame	First	Last		7111010110		
Forward	ling Address:	Street A	ddress City		State	Zip Code	COUNTRY
Email:					Phone Nu	ımber:	
			☐ Junior ☐ Senior ☐ (				
Detai	ls for With	ndrawa	al				
Reason	:   Academ	nic 🗆 F	Financial 🗆 Illness 🗆 I	nvoluntary	□ Trans	sferring   Other	
Please	comment on	your exp	erience at Andrews:				
All Si	gnatures	Requi	· ·	ack or attach if needed)			
1. Stud	ent □ I have	checked	with my instructors and under	rstand that I cannot complet	e any of my	classes. I am withdra	awing from all courses below.
				Childont's Cianatura			Dete
				Student's Signature			Date
2. Advisor				Advisor's Signature			 Date
2 Assa	amia Daania	Office		Ü			
S. ACAU	emic Dean's	Office		Dean's Signature Deans: If different from signature	tandard refu	and schedule, please	Date attach supporting documents
	Course						
CRN	Acronyms and	Sec. No.	COURSE	COURSE TITLE: TOPIC OF STUDY		Credits	Last Day Attended
	Numbers						
4. Student Life				Student Life Signature			Date
5. International Student Services (As applicable)							
				International Student Services Signature			Date
6. <b>Dining Services</b> (Deactivate ID card)							
				Dining Services Signature			Date
7. Stude	ent Financia	l Service	es	Chudant Financial Caminas	Cianatura		Dete
				Student Financial Services Signature			Date
8. Academic Records				Academic Records Signature			Date
FALL & SPRING TUITION REFUND SCHEDULE:				SUMMER TUITION REFUND SCHEDULE:			

100% — 1<sup>st</sup>–3<sup>rd</sup> Calendar day

50% — 4<sup>th</sup>–10<sup>th</sup> Calendar day