



Evangel University

College of Arts & Sciences
College of Adult & Graduate Studies
Assemblies of God Theological Seminary

Office Use:
_____ Official Withdrawal Date

(Administrative Withdrawals Only)
_____ Date of Determination
_____ Last Date of Participation

Institutional Withdrawal Form

OFFICIAL ___ ADMINISTRATIVE ___ YEAR ___ FALL ___ SPRING ___ SUMMER ___

Name _____ ID # _____

Home Address _____

Phone # _____ Academic Advisor: _____

Housing: _____ Rm/Apt #: _____ Planned check out date: _____

Are you planning to return? ___ If so, when? _____

Are you involved in athletics? ___ If so, which roster(s)? _____

Traditional Undergraduate ___ Online Undergraduate ___ Graduate ___ Seminary ___ Office Use Only

Course Code & Number	Section	Course Title	Instructor	Cr Hrs	# Sessions attended/participated	Tuition Reimb %

What is your primary reason for withdrawing from Evangel? (Check all that apply)

<input type="checkbox"/> Attendance/Non-participation	<input type="checkbox"/> Homesickness/difficulty adjusting	<input type="checkbox"/> Physical or mental health
<input type="checkbox"/> Death of close relative	<input type="checkbox"/> Job or ministry related issues	<input type="checkbox"/> Suspension or dismissal
<input type="checkbox"/> Family issues	<input type="checkbox"/> Military deployment	<input type="checkbox"/> Transferring to another school
<input type="checkbox"/> Financial difficulties	<input type="checkbox"/> Other: _____	

BEFORE officially withdrawing, it is recommended that you visit or contact the following offices to obtain further information regarding potential implications:

- Office of the Bursar | Riggs 204 | ext 7700
- Office of Financial Aid | Riggs 202 | ext 7300
- Records and Registration | Riggs 104 | ext 7203
- Veteran’s Center & Int’l Students | AGTS 127
- Seminary Registration Office | AGTS 107 | ext 8826

By signing below, I acknowledge that I have received a copy of the withdrawal policy Memo of Understanding and understand the potential implications of withdrawal outlined in the MOU.

Student signature: _____ Date: _____

University Official: _____ Date: _____