STUDENT WITHDRAWAL/INTENT TO SEPARATE
This form may be used to accompany documentation for valid Medical, Administrative, or Separation (Withdrawals) and should be returned to the Office of the Registrar.

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<th>Last Name</th>
<th>(Please print)</th>
<th>First Name</th>
<th>CNU ID Number</th>
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WITHDRAWAL FROM THE FOLLOWING (Please check all that apply)

- ☐ Fall Semester 201___
- ☐ Spring Semester 201___
- ☐ Do NOT Intend to Return *
- ☐ May Term 201___
- ☐ Summer Term I 201___
- ☐ Summer Term II 201___
- ☐ Summer Term III 201___

☐ Medical Withdrawal
- Requires accompanying documentation as outlined in the Undergraduate Catalog
- Classes will not be withdrawn unless a valid medical withdrawal has been approved by the University Registrar
- Must be accompanied by ☐ Signed Personal Statement from Student and ☐ Signed Letter from Medical Doctor

☐ Administrative Withdrawal
- Requires accompanying documentation as outlined in the Undergraduate Catalog
- Classes will not be withdrawn unless a valid Administrative Withdrawal has been approved by the Academic Dean
- Must be accompanied by ☐ Signed Personal Statement from Student

☐ Intent to Separate from University
- Withdrawals are subject to the deadlines on the Office of the Registrar website and in the Undergraduate Catalog
- Do you plan to return to the University after this semester? Yes ☐ No ☐
- Must complete page 2 of this form ☐

Please consult the Office of the Registrar website for additional information and note the following:
- Students are notified in writing regarding the status of their request.
- Review the Undergraduate Catalog to become familiar with any consequences associated with withdrawals (Page 44/45).
- Students who have not attended CNU for two subsequent (back to back) semesters are subject to University readmission requirements.
- Students must complete a separate appeal form with Student Accounts to apply for a financial reduction/refund of tuition charges if applicable to this withdrawal.
- Students staying in residential housing and withdrawing from the University must notify the Office of Housing Administration.

Submit completed forms to:
Office of the Registrar
Christopher Newport University
1 Avenue of the Arts
Newport News, VA 23606-3072
Fax: (757) 594-7711

I hereby withdraw or separate from Christopher Newport University as requested above and confirm that this request is in accordance with University policies as detailed in the Undergraduate Catalog. I understand that this does not relieve me of any financial obligation to the university.

Student Signature (Required)________________________________________ Date_________________

See Reverse
# Notification to University of Intent to Separate

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**Check all that apply.**

- Student athlete: ☐ Yes ☐ No
- Recipient of financial aid: ☐ Yes ☐ No
- Resident in University housing: ☐ Yes ☐ No
- Recipient of VA educational benefits: ☐ Yes ☐ No
- Candidate for graduation this semester/term: ☐ Yes ☐ No

If you intend to return to CNU, when do you expect to graduate? ________________

**WITHDRAWING FROM THE UNIVERSITY EFFECTIVE WITH THE FOLLOWING SEMESTER** *(Please check all that apply)*

- ☐ Fall semester 20__
- ☐ Spring semester 20__
- ☐ May Term 20__
- ☐ Summer Term I 20__
- ☐ Summer Term II 20__
- ☐ Summer Term III 20__

## COURSES TO DROP/WITHDRAW

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<th>CR HRS</th>
<th>AUDIT/CREDIT</th>
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Please complete the following if you do not plan to return to CNU

- ☐ Employment Demands
- ☐ Transfer to Another College/University *(Please list the institution): ____________________________*
- ☐ Family Obligations
- ☐ List your intended major at the transfer institution, if known: ____________________________
- ☐ Financial Reasons
- ☐ Military Deployment
- ☐ Medical Reasons
- ☐ Personal Reasons
- ☐ Dissatisfaction with Program
- ☐ Other; please list reason below: ____________________________

*IMPORTANT GRADUATION REQUIREMENT: A total of at least 120 academic semester hours is required for graduation. Students are expected to be registered for at least one CNU course during the semester of their conferral date. Credit will not be awarded for a course withdrawal and should be considered when determining the number of credit hours needed or remaining to complete your degree requirements.

I hereby withdraw or separate from Christopher Newport University as requested above and understand, to the best of my ability, that this request is in accordance with university policies as detailed in the Undergraduate Catalog. I understand that this does not relieve me of any financial obligation to the university.

Student Signature *(Required)* ____________________________ Date ________________

OFFICIAL USE ONLY:

- ☐ SHACRSE
- ☐ SFAREGS
- ☐ SHATCMT
- ☐ SGASPRT
- ☐ SHAINST
- ☐ Notify Student
- ☐ CCAP/FinAid/Housing
- ☐ Notification to Student Success
- ☐ SFARHST
- ☐ SPACMNT

Registered Hours: __________ Revised Hours: __________ Total # WDs: __________ Processed by __________ Date: __/__/____