



3000 College Avenue · Bluefield, VA 24605

800.872.0176 · bccentral@bluefield.edu

Withdrawal Form

Name: _____ Student ID #: _____
Major(s): _____ Effective Term: _____ Year: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Cell: _____ Other: _____
Last Date of Class Attended: _____

Directions: Please fill out and submit completed withdrawal form to the Registrar's office.

? Are you receiving Veteran Benefits? ☐ Yes ☐ No

? Are you receiving Financial Aid? ☐ Yes ☐ No

Reason for withdrawal (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personal Medical Problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transferring to another School | <input type="checkbox"/> Dissatisfied with Program or School |
| <input type="checkbox"/> Left for Armed Forces or Active Duty | <input type="checkbox"/> Finances/Unable to Pay |
| <input type="checkbox"/> Missionary | <input type="checkbox"/> Major Not Offered |
| <input type="checkbox"/> Administrative Withdrawal due to Inactivity or Withdrawal | <input type="checkbox"/> Immediate Family Illness |
| | <input type="checkbox"/> Academic Performance |

Traditional Students Only

Please obtain the following signatures before you finalize your withdrawal

Academic Affairs: _____	Student Development: _____
Admissions: _____	Student Success: _____
Advisor: _____	Student Accounts: _____
Library: _____	Financial Aid: _____
Athletic Director: _____	School PDSO: _____
(Athletes Only)	(International Student Only)
Student: _____	Date: _____

****I understand that I am requesting to withdraw from the college. I also understand that I may incur academic and financial ramifications if I am currently registered for classes and withdrawing prior to the end of the semester.**

Registrar: _____ Date: _____

Online Students Only

Please obtain the following signature before you finalize your withdrawal

Associate VP for Online and Distance Education: _____	Advisor: _____
Student Accounts: _____	Financial Aid: _____
Student: _____	Library: _____
	Date: _____

****I understand that I am requesting to withdraw from the college. I also understand that I may incur academic and financial ramifications if I am currently registered for classes and withdrawing prior to the end of the semester.**

Registrar: _____ Date: _____

WITHDRAWAL FROM THE COLLEGE

A student who wishes to withdraw from the College should apply directly to the Registrar's Office for the proper withdrawal procedure. Grades of "DR" indicating withdrawal from school will be given to the student who properly withdraws. Earned grades will be issued for courses completed prior to the student's withdrawal (including failing grades). A student planning to withdraw from school should consult the Financial Aid Office regarding regulations for satisfactory academic progress. In addition, a student should confer with the Business Office to settle his or her account. The Registrar's Office will notify administrative departments of a student's request to withdraw. This includes Financial Aid, Business Office, Library, Student Services and instructor.

Office Use Only:

Name: _____ Date: _____

I have provided the student with information about possible ramifications of withdrawing.