



1701 North State Street, Campus Box 150436  
 Jackson, MS 39210-0001  
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 Office: Academic Complex, Room 142  
 Phone: 601-974-1120  
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**Voluntary Withdrawal Form**

You may request a withdrawal from a semester if you have attended any classes in the current semester. Before withdrawing from the College, see the appropriate person listed below to determine whether there may be a solution other than withdrawal. Withdrawing from the college may change your student status. You should consider how your decision will affect your future status if you are receiving any of the following: financial aid, social security benefits, VA benefits and Yellow Ribbon recipient or scholarships. Your ability to purchase insurance as a student, to maintain athletic eligibility or to maintain a student visa may also be affected. If you plan to return to Millsaps the next semester you will not need to reapply for admission. If you withdraw for medical reasons, you must submit documentation from your physician before you will be allowed to enroll again.

Withdrawal from Millsaps College does not indicate a clearance of financial or other obligations. All obligations to the College must be met regardless of your withdrawal status. Refunds are made according to the refund schedule listed in the catalog and by federal regulations. If you withdraw before the date indicated on the academic calendar as the last date for dropping courses with W grades, the withdrawal will occur without academic penalty. After that date, you will receive grades of F.

**Student completes this section:**

_____	_____	_____
Full Name (print)	Social Security #	Date
_____	_____	_____
Phone number	Email Address	Student ID #

I request a Withdrawal from the \_\_\_\_\_ semester, \_\_\_\_\_ (year). I accept full responsibility for my financial obligations to Millsaps College.

**Student Signature**

Please circle reason(s) for withdrawal:

Personal problems, dissatisfied with advisement, too much study time required, moving, course(s) unavailable, financial problems, work conflict, lack of social opportunities, medical/health condition, other \_\_\_\_\_

**Signatures required:**

- 1) \_\_\_\_\_  
UG: Dr. Melissa Lea GR: Naomi Freeman
- 2) \_\_\_\_\_  
Faculty Advisor
- 3) \_\_\_\_\_  
Residence Life
- 4) \_\_\_\_\_  
Business Office
- 5) \_\_\_\_\_  
Records
- 5a) \_\_\_\_\_  
\*Vice President and Dean of Academics  
Required if the withdrawal is after W deadline

Effective date of Withdrawal \_\_\_\_\_ Date emails sent to Adv/Fac \_\_\_\_\_  
 Academic Actions checked \_\_\_\_\_