



Ozarka College

...providing life-changing experiences through education

COMPLETE

WITHDRAWAL FORM

I, _____ intend to withdraw from Ozarka College.

Reason for withdrawal: _____

Student Address: _____

Student ID Number: _____ Phone Number: _____

Student Signature _____ Date: _____

SIGNATURES ARE REQUIRED

Advisor: _____ Date: _____

Financial Aid Officer: _____ Date: _____

TRiO (if applicable) _____ Date: _____

Career Pathways (if applicable) _____ Date: _____

Librarian _____ Date: _____

VP for Finance _____ Date: _____

VP for Student Services/Registrar: _____ Date: _____

This form will not be processed until all signatures required are present

Please complete this form and return it to:

Joyce Baker - Melbourne

Gin Brown - Mountain View

James Spurlock - Ash Flat

SEMESTER: Fall ____ Spring ____ Summer I ____ Summer II ____

Please indicate your current schedule

COURSE #	SEC #	LOCATION	COURSE TITLE	DAYS	TIME	INSTRUCTOR
				M T W Th		
				M T W Th		
				M T W Th		
				M T W Th		
				M T W Th		
				M T W Th		

Entered By _____ Date _____

Revised 06/22/09