



Southeastern
Baptist Theological Seminary

WITHDRAWAL FROM ENROLLMENT

Date of Withdrawal _____

Full Name: _____

Student ID: _____

Mailing Address
(permanent) _____

Degree Program: _____

Phone Number: _____

Are you receiving scholarship funds? Yes _____ No _____ If so, which ones? _____

Are you receiving Veteran's Benefits? Yes _____ No _____

Reasons for Withdrawal: _____

I am currently enrolled in the following courses:

Course Name	Professor	Course Name	Professor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Instructions:

1. Take this form to any one of the following and secure his signature: Dean of Faculty (for college students – Dean of College), Dean of Students, the President, or any other VP.
2. Return all library materials to Library; present your ID and this form for the Librarian's signature.
3. Secure the signature from the Student Life Office.
4. Leave the form at the Accounting Services Office for a review of your financial status. The Accounting Services Office will return the form to the Registrar's Office.
5. The Registrar's Office will advise professors and administrative offices.

_____ or _____ or _____ or _____
Dean of Faculty Dean of Students President Other VP

_____ _____ _____
Library Student Life Accounting Services

cc: Student Life, Dean of Students, Accounting Services Office, Housing Office