

Last Name	Major
First Name	Student ID#
Middle Initial	Date

Please list all currently enrolled courses.

CRN	DEPT	COURSE #	Instructor

### REASON:

Deceased/permanent and total disability ☐

Called to active military duty ☐  
of the federal government

Service to foreign aid agency ☐

Serve on official church mission ☐

Financial ☐

Health/Medical ☐

Family ☐

**Collect the signatures below in the order listed. Do not take or forward to the next party until the prior signature is obtained.**

Required Signatures	
Student Success Center	Date
Advisor	Date
Dean of School/College	Date
Student Business Services	Date
Financial Aid	Date
Registrar's Office	Date

Address & phone where you may be reached:	