

# UNIVERSITY WITHDRAWAL FORM



120 Hayden Hall  
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TTY: 617.373.5360 www.neu.edu/registrar

NUID \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Major \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

## Withdrawal Information:

Effective Date: \_\_\_\_\_ Last Date Attended Class: \_\_\_\_\_

Reason(s) for Withdrawal:

- Financial Reasons: Please specify: \_\_\_\_\_
- Transferring to another school. Please specify: \_\_\_\_\_
- Personal. Please specify: \_\_\_\_\_
- Other. Please specify: \_\_\_\_\_

Would you be interested in returning at a later date?  Yes  No

## Please read each item carefully and initial that you understand the terms and conditions:

Initials

I understand that even though I am withdrawing from Northeastern University I am responsible for all outstanding financial obligations to the University. \_\_\_\_\_

I understand that if I live in the Residence Halls it is my responsibility to meet with a member of the Residential Life Office staff and complete the required paperwork, including a Residence Hall/Apartment Withdrawal Form. \_\_\_\_\_

I understand that it is in my best interest to meet with my Financial Aid advisor to discuss the financial implications of my withdrawal, including when student loans might become due. \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

College Signature \_\_\_\_\_ Date \_\_\_\_\_