

# STUDENT RESIGNATION FROM THE UNIVERSITY



TULANE STUDENT ID:

Name: \_\_\_\_\_  
Last First Middle

**ROUTING INSTRUCTIONS**  
 To remain in compliance with Federal Title IV requirements, timely processing of a refund for unearned tuition, fees, and room and board must be processed when a student leaves the University. Immediately FAX copies of this completed form to: Registrar (x6760), Housing (x8944), and Bruff Services (x8972). Distribute original, yellow, and pink copies as indicated on the bottom of this form. Receipt date is required for federal compliance.

Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

College: \_\_\_\_\_ Student's Last Reported Date of Academic Participation: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

**Drops:** When dropping all coursework, this form replaces the Drop/Add Form.

| CRN   | Course ID<br><small>Example: ENGL-1010-01</small> | Course Title | Grade if Required           | Instructor's Signature | Registrar's Use Only |
|-------|---|--------------|-----------------------------|------------------------|----------------------|
| _____ | _____   | _____        | W <input type="checkbox"/>  | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | WF <input type="checkbox"/> | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | W <input type="checkbox"/>  | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | WF <input type="checkbox"/> | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | W <input type="checkbox"/>  | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | WF <input type="checkbox"/> | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | W <input type="checkbox"/>  | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | WF <input type="checkbox"/> | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | W <input type="checkbox"/>  | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | WF <input type="checkbox"/> | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | W <input type="checkbox"/>  | _____                  | 1 2 3 4 0            |
| _____ | _____   | _____        | WF <input type="checkbox"/> | _____                  | 1 2 3 4 0            |

Dean's Signature \_\_\_\_\_

Effective Date of Withdrawal as per Dean \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY (required for processing):**

Date Stamp: \_\_\_\_\_

Received by Office: \_\_\_\_\_

White- Registrar

Yellow- College

Pink- Student