



Withdrawal Form

Use this withdrawal form for any term. To fill out this form electronically, fill in or mark the shaded areas. You may submit a hard copy to the Registrar's Office in **13720 Roe Ave, Bldg.C., Leawood, Kansas 66224**, or you can submit it electronically, via email to **michelle.hatcher@spst.edu** or by fax to **(913) 253-5075**. If you have any questions, contact the Registrar's Office at **(913) 253-5050**.

YOUR INFORMATION

Full Name: _____ Date: _____
 Degree: MDIV MACM MA(TS) DMIN NONDEG
 Advisor: _____

Has your contact information changed? YES NO
If yes, fill in the information below
 Address: _____
 City, State: _____ Zip: _____
 Phone: _____

Student Signature: _____ Date: _____

COURSE INFORMATION

DIRECTIONS: Clearly type the course number(s), section (s) i.e. AKV, and full name of course(s) you wish to withdraw from.

COURSE	SECTION	CREDIT	COURSE NAME

Withdrawal form should only be used after the drop date for that term.

For Office Use Only (Please send to VP and Financial Aid Dir. For approval)

Please sign to approve withdrawals.

Withdrawal Hardship Withdrawal

VPAAD Signature Date Financial Aid Director Date