

University Withdrawal Form

For Additional Information: www.moreheadstate.edu/registrar or call 606-783-2008

Last Name: _____ First Name: _____ MI: _____

MSU ID: _____ Date: _____ E-Mail: _____

Local/Campus Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Cell/Preferred Phone: _____ Alternate Phone: _____

Withdrawal Term: ___ Fall ___ Spring
 ___ Summer I ___ Summer II ___ Summer ___ Intersession

Withdrawal Year: 20____

Reason for Withdrawal:

___ Academic Difficulty ___ Family Obligations ___ Financial
___ Illness ___ Military ___ Work/Time Conflict
___ Transferring – Name of Institution: _____
___ Other: _____

Comments: _____

I understand that I am withdrawing from Morehead State University and all classes for this semester and that this does not eliminate my financial obligation to Morehead State University. I am still responsible for any charges owed to the University at the time I withdraw based on the University's refund/credit policy. MSU's [Academic Calendar](#) lists specific refund deadlines. If you received any federal financial aid, you may have to repay a portion of these funds.

Student Signature: _____ Date: _____

Submit your completed form by one of the following methods:
1. In person to the Office of the Registrar (Ginger Hall 201)
2. Email to: registrar@moreheadstate.edu
3. Fax to: 606-783-9103
4. Mail to: Office of the Registrar, Ginger Hall 201, Morehead, KY 40351