

Student Information

Name: _____ Student ID Number: _____
Advisor Name: _____ Student Athlete? ☐ Yes ☐ No
Have you updated your contact information on MyUNiverse? ☐ Yes ☐ No
Personal Email (Non-UNI): _____ Phone: _____

Withdrawal Information

Semester of Withdrawal (Fall, Spring, or Summer): _____ Year: _____

Last Date of Attendance in the Classroom (Required): _____
(If taking online courses only, indicate last date of log-in)

Please select one reason that is most applicable to your withdrawal reason:

- ☐ COVID-19 Pandemic | Please Specify: _____
☐ Attending another College (*Academic*) | College: _____
☐ Wellness/Safety/Health/Medical
☐ Financial
☐ Military
☐ Other (*Family, Housing, Personal, etc*): _____

Do you plan to return to UNI in the future? ☐ Yes ☐ No ☐ Uncertain

If yes, what year and term? _____

Do you feel UNI could have done more to meet your needs? ☐ Yes ☐ No If yes, how?

Authorization

I understand that the submission of this form withdraws me from all courses for the indicated term. I have also spoken with the appropriate offices, including, but not limited to: Department of Residence, Office of Financial Aid and Scholarships, and others, and understand the ramifications of my withdrawal.

Student Signature: _____ Date: _____

For Office Use:

Staff Signature: _____ Date: _____

University of Northern Iowa Office of the Registrar 115 Gilchrist Hall Cedar Falls, Iowa 50614-0006
Phone: 319-273-2241 FAX: 319-273-6792 Email: registrar@uni.edu registrar.uni.edu

Chapter 22 Code of Iowa: This information is requested to initiate your withdrawal from the University. Only directory information may be released to third parties.
All items are required and therefore incomplete forms may not be processed.