

★ IMPORTANT: Please review all information below before returning. Please note that the completion of this form will withdraw you from ALL courses for which you are enrolled during the current term. Students who do not want to drop all courses can make individual schedule changes through their Self-Service account.

- ❖ Complete all areas marked with an X and return to the **Wilson Advising Center** via email to jamiewray@astate.edu.
- ❖ Please include a copy of a picture ID (student or state issued ID will suffice).
- ❖ Please note that, along with any amount owed to the university, you may also owe a percentage of your financial aid or housing back.
- ❖ If you receive student loans or scholarships, please contact **Financial Aid at (870) 972-2310** to speak to a financial counselor.
- ❖ If you are contracted through **Residence Life**, please contact **(870) 972-2042** to speak with a housing representative.
- ❖ If you are an athlete, please contact **Athletic Compliance at (870) 972-2813**.
- ❖ If you are enrolled through Transition Studies, please contact **Transition Studies at (870) 972-2080**.
- ❖ *If you are enrolled in Academic Partnerships (A-State Online), please contact Academic Partnerships at (870) 972-2920.*
- ❖ If you are a graduate student, please contact the department of your graduate program.
- ❖ **Student Accounts requires a minimum of \$25 to be placed on the Promissory Note toward any amount due.** For any questions regarding your balance or when payments will begin, please contact **(870) 972-2285**.
- ❖ **Please call our department at (870) 972-3001 before 5:00PM on the day that you return your completed withdrawal to verify that we have received it. Until the completed form has been received by the void date, you will not be withdrawn from A-State, and expenses may continue to accumulate.**

Instructions:

1. Fill in your Name (Last, First), Student ID Number, your Permanent Address, Phone number and either your student email address or a fax number to return the form to for signatures.
2. You will then select a reason for withdrawing from the University.
3. Please return the form via student email to jamiewray@astate.edu or fax to 870-972-3414
4. You do not have to fill in anything in the gray in area.

Withdrawal Application – Arkansas State University

Name: Last _____ / First _____ Student ID Number _____


Permanent Address: Number and Street _____ / City _____ / State _____ Zip _____ PHONE: _____

Reason(s) for withdrawal: **Print # 1 next to your main reason.** FAX/Email: _____

- Marriage Medical Conflict with work Child care problems Military
 Financial aid Low grades Lack of interest Conflict with instructor Other: _____
 Other money problems Transferring Transportation problems Moving for another reason _____

Withdrawal will be nullified if not filled out in complete and returned to Wilson Advising Center by the void date indicated below. I understand that I have 10 days from the date of this withdrawal to dispute any outstanding charges and/or academic records.

Student Signature _____ Date: ____/____/____

Void by 5PM 	_____ Library	_____ Financial Aid	_____ Residence Life	_____ GRAD	_____ Major
	_____ International	_____ Transition Studies	_____ Athletics	_____ Restart	_____ Term
	_____ WAC	_____ End Date	_____ Admin. WD	_____ Refund	Fr. So. Jr. Sr. PD. (Circle One)

Promissory Note

Amount Owed \$ _____ These charges are subject to change. *Outstanding fees or refunds may not be calculated and may not be reflected on this statement. (There may be changes such as housing or financial aid repayment.)*

I will pay \$ _____ monthly until my balance is paid in full.

Registration and transcripts will be held on any unpaid balance. Pay online by Self Service or mail checks to Office of Finance/Student Account Services/P.O. Box 1680/ State University, AR/ 72467. (870) 972-2285. First payment is due within 30 days of the withdrawal completion date.

ATTESTATION

I hereby acknowledge responsibility for the amount listed above. I understand I will be held liable for this debt according to the terms of this agreement. I agree to pay these charges in full by terms specified on this agreement.

- Each payment must be paid in full when due. Failure to tender payment within four (4) working days of the due date may result in the entire balance becoming due.
- Any unpaid charges will remain the liability of the debtor and will be remitted to a collection agency if not paid in full according to the terms of this agreement. The debtor agrees to bear all collection costs and attorney fees associated with this debt.
- Any money received pertaining to this account will be applied against the amount due, i.e. payroll, financial aid, attachment of state income tax (ACT 372 of 1983 as amended).
- The university reserves the right to accelerate the terms of this agreement and demand payment of the entire obligation in the event of insolvency, if bankruptcy proceedings are instituted against the debtor, or if the debtor violates the university rules of conduct.
- I agree to pay any charges incurred after signing this agreement in accordance with the provisions of this agreement.
- I hereby request the portion of any federal financial aid award that exceeds the charges for the current term be applied toward the prior balance with the university.

By signing this form I acknowledge that Arkansas State University has acted in reliance upon this agreement. I agree by signing this form that I am obligated to pay the university in accordance with the terms of the promissory note and will reimburse the university the interest charges, late payment fees, collection fees and court costs resulting from my delinquency.

Student Signature: _____ Date: _____