



Institutional Withdrawal

Resurrection University
Office of the Registrar
1431 N. Claremont Ave
Chicago, IL 60622

SECTION 1: Student Information

Name: _____ Student ID# or Last 4 Digits of SSN: _____
Phone Number: _____ Date of Birth: _____
Program: _____ Year: _____ Fall Spring Summer Term: _____
Email (other than RESU): _____ V.A. Student: Yes No

SECTION 2: Withdrawal Information

Desired Date of Institutional Withdrawal: _____

Reason(s) for Institutional Withdrawal:

Academic Military Obligation Financial Transportation Medical Personal Work Related

Carefully review the following information: *Failure to complete this form, return your RESU ID badge, and/or comply with the information below may result in a continued hold on your account. This will prevent the release of any official documents, up to and including Official Transcripts and/or diploma.*

- ❖ A student who desires to withdraw from a program is advised to consult with their Faculty Advisor and/or the Dean/Program Director.
- ❖ The definition of student at RESU includes those who withdraw after allegedly violating the Student Code of Conduct; if readmitted such students must complete the Code of Conduct process and/or subsequent corrective actions outlined in the University Catalog.
- ❖ If you received financial aid while attending RESU, you are encouraged to contact the Financial Aid Office at financialaid@resu.edu or 773-252-6446. Your aid is subject to change based on federal regulations that require schools to perform a Federal Return of Title IV Calculation for any student that did not complete at least 61% of the semester for which they were enrolled. An online **Exit Counseling Interview** may be required for students who obtained Federal Student Loans.
- ❖ You are responsible for any unpaid balance to RESU. It is your responsibility to review your account online through the student portal, and pay any balance in full. Student Accounts can be reached at studentaccounts@resu.edu or 773-235-5522.
- ❖ Return all library materials that were checked out prior to submitting this form. If you have questions pertaining to Library Services, please contact library@resu.edu or 773-252-5114 or 773-252-5537.
- ❖ Return this completed form with your RESU ID badge to the Office of the Registrar. The Office of the Registrar is located on the 6th Floor and can be reached at registrar@resu.edu or 773-235-5708.

SECTION 3: Student Statement and Signature

I acknowledge that the above information is accurate and understand that any withdrawn course(s) will be listed with a withdrawal grade on my transcript. I understand this withdrawal may affect my degree progress, financial aid, scholarships, veteran's benefits (*Current financial aid and/or veteran's benefits, as well as future financial aid eligibility, may be adversely affected by course and institutional withdrawal. You may be required to return funds already received. If you have questions, please refer to the Academic Progress Policy or make an appointment to see the Financial Aid Department*), or other areas, such as health documents and confirm that I have researched these issues before taking this action.

Student Signature: _____ Date: _____

Office Use Only:

Processed by: _____ Date: _____

Phone 773-235-5708

Fax 773-227.5134

We accept signed and scanned requests attached via your RESU Email address to Registrar@resu.edu