

Enrollment Mgt Office: 6399 S. Santa Fe Dr. Littleton, CO 80120 | advising@denverseminary.edu | 303.762.6937/FAX: 303.783.3122

Important: This form should only be completed by students intending to withdraw from Denver Seminary. A student who returns from a withdrawn status will need to reapply through the Admissions Office and is subject to the catalog requirements in place at the time of reentry. A withdrawal does not extend the time limit a student has to complete their program.

1. Student Information:

Student ID: _____ Name: _____ Date: _____

Degree: _____ Major: _____

Are you an international student? Yes No

Forwarding Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ - _____ Email Address: _____

MA in Counseling (licensure) students and Doctor of Ministry students must obtain appropriate department permission in order to withdraw:

_____ *Counseling Division Approval* _____ *Date*

_____ *Doctor of Ministry Program Approval* _____ *Date*

2. Please state the reason for this withdrawal:

Financial Relocation Military Deployment

Work-related Transfer to another school Family/personal

Dissatisfaction with program, please explain _____

Other, please explain _____

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3. Schedule:

It is the student's responsibility to ensure classes have been dropped prior to returning the request.

- Q I have dropped all my current courses and am no longer registered for future courses.
- Q Please process this request after the grades from my previous semester are posted.
- Q I need to withdraw from the following courses.

Please reference the policies (such as but not limited to, the Tuition and Fees, Refund Policy and Adding/Dropping Courses) in the current Academic Catalog (available online at <https://denverseminary.edu/academics/academic-catalogs/>) to ensure you have a full and accurate understanding of potential impacts.

Semester/Term (Fall | Intersession | Spring | Summer): _____ Year: _____

Course Number	Section	Course Title	Hrs	Audit (Y/N)

Important: If requesting a course drop after the add/drop period, you must contact the course instructor to have the Instructor Information section completed **PRIOR** to submitting to the Registrar's Office. Failure to submit a completed request form will impact the timing of an official course drop, the grade received, and refund eligibility.

Instructor Information: This section is to be completed by the course instructor(s) only.

Instructors: If you have questions or need assistance in completing the required information please contact Registrar@denverseminary.edu. Your prompt attention to the student request is important and may impact their grade, refund eligibility, etc.

Course Number	Section	Hrs	Grade	Last Date of Attendance	Instructor Signature

By signing below and submitting this form you affirm that you have read and understood Denver Seminary policies related to this request.

Student Signature: _____ **Date:** _____

For office use only	Processor Initials: _____	Last semester enrolled: _____
	NSLDS date same as day classes dropped: _____	Checked Schedule: _____ Notified: _____ Date: _____