

**EASTERN UNIVERSITY  
UNDERGRADUATE STUDENT EXIT NOTIFICATION**

Complete and submit to the Office of the Registrar, St. Davids, PA 19087. Fax 610-341-1707.

**1. Student information:**

Full Name: \_\_\_\_\_ ID Number or SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2. What is the effective semester or session of the exit?**

Fall  Spring  Summer Academic year: \_\_\_\_\_

**3. What type of exit is occurring?**

- Inactive - Student has not registered in the past twelve months and did not formally withdraw. **NR**
- Discontinue program - Student completed the semester and communicated decision to end enrollment. **VW**
- Removal of Registration - New Student did not attend classes. **NM**
- Early Exit - Student attended classes and decided to withdraw within the refund period. **EE**
- Withdrawal - Student attended classes and decided to withdraw after the refund period. **VW**
- Leave of Absence - Student withdrew for Medical or Other Compelling Reason **LOA**  
Plans to return?  Yes  No -- If yes, when? \_\_\_\_\_

**4. What is the effective date of the exit?**

Date Student Last Attended Class (if known) \_\_\_\_\_

Date Student Began the Withdrawal Process \_\_\_\_\_

**5. Is a tuition or fee adjustment requested because of this change?**

- Yes, supporting documentation is attached.
- No.

**6. Student's reason for leaving the program:**

**7. Student's Department and major** \_\_\_\_\_

Program Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Registrar's Use		
Academic Status after Change: _____	Effective Date of Change: _____	Refund _____

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies distributed to Program Advisor, Office of Student Accounts and Office of Financial Aid