University of Missouri

UNIVERSITY WITHDRAWAL FORM

Student Name: Menu Courey, Sasha
(Last Name, First Name)

Student Number: 14698976   Term: 11

1. For use to withdraw from the University, not an individual course.
2. <u>Do not use this form if you have completed or plan to complete any</u> <u>courses for this semester (including intersession, partial term or CDIS).</u> Please use the Course Withdrawal Form.
3. Form must include all signatures
4. This form must be processed in the Office of the University Registrar --130 Jesse Hall to be <u>official</u>. Filing this form with your Academic Advising Unit does not complete the process.
5. Forms must be turned in within 24 hours of date signed by Academic Advising Unit.
6. Faculty members will assign a grade of W or F, whichever is appropriate based upon performance at the time of withdrawal.

APR 19 2011

Career: *Must use a separate form for <u>each</u> career.*

X	Ugrd		Vet Med		Law
	Grad		Med		

<u>Withdrawal from the University</u>   Term/Year: Spring __11__ Summer _____ Fall _____ *Note: Use one form per term.

Note: If you are enrolled in any Center for Distance & Independent Study Courses (CDIS) and would like to withdraw from the CDIS course as well, please specify the course below. List Part of Term (PT) Courses and indicate which part of the term they are. i.e. 1st 8 week, 2nd 8 week, Intersession (Int), etc. Please print.

SESSION (Reg, PT, Int, CDIS)	COURSE NAME	SUBJECT AREA	CATALOG NUMBER	CLASS NUMBER	UNITS (Credit Hrs)
Reg	Survey Abnormal Psych	Psych	15067	2570	3
Reg	Special Prb in Psych	Psych	15083	2950	3
Reg	Self + Society	Soc	15528	2300	3
Reg	The Family	Soc	15537	3420	3
Reg	Intro Stat Reasoning	Stat	15732	1200	3

Sasha Menu Courey is withdrawing from the University for the following reason as of the following date 4/6/11

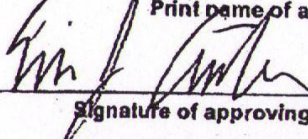Reason: hospitalization for inpatient direct care in Canada

If you receive Financial Aid or live in University housing, please make sure you also contact these departments.

**Student Signature _____   Date 4/6/11

Eric Carter

Sasha Menu Courey

**Student must sign and date form before it can be processed.   Print name of approving individual

Approved Academic Advising Unit _Ted Tarkow_____
(Dean's Signature Stamp)

Signature of approving individual   4/19/11   Date

University of Missouri - Columbia

Office of University Registrar – Revised 9/2/2008