



# Holy Apostles

## College & Seminary

### **Withdrawal Form**

This form is only to be used to formally withdraw completely from Holy Apostles College & Seminary .

#### **Step 1: Complete the Information Below**

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Holy Apostles Email: \_\_\_\_\_ Date of Withdrawal (today's date) \_\_\_\_\_

#### **Step 2: Reason for Withdrawal**

**Please mark all that apply**

- Academic
- Financial
- Personal
- Medical
- Disciplinary
- Other

**Explanation:** Please use the following space to identify the reason for your withdrawal from Holy Apostles College & Seminary.

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### **Step 3: Read the following information and sign below**

This form must be completed with all appropriate signatures to officially withdraw from Holy Apostles College & Seminary. This form is not to be used to withdraw from an individual course. It is intended as a complete removal from the college and all services. A Withdrawal from Holy Apostles College & Seminary does not release the student of any Financial obligations.

**Financial Acknowledgement:** A withdrawal calculation will be completed for any student who withdraws that received Student Financial Aid. If any amount is due, the student will be notified and placed on business hold until the balances have been paid in full.

**Refund Acknowledgement:** Tuition refunds will be based on the refund schedule found in the College Catalog. If there is any credit to be given back to the student, the student will be notified by the Business Office.

**Withdrawal Acknowledgement:** If a student withdraws from Holy Apostles College & Seminary after the add/drop period, a grade of withdraw (W) will be recorded on the official transcript.

**Medical Withdrawal.** Appropriate documentation must be sent to Holy Apostles College & Seminary within 30 days of the date signed. Upon review of the documentation, Holy Apostles will provide confirmation on whether the medical withdrawal is approved or denied. In addition, if appropriate documentation is not received within 30 days, the medical withdrawal will be denied.

### **Step 4: Student Signature**

*By signing below, I acknowledge that I have read the above withdrawal statements, with special attention to the refund acknowledgement section.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### **Step 5: Return Completed Form**

**Graduate Students - Jennifer Arel at [jarel@holypostles.edu](mailto:jarel@holypostles.edu)**  
**Undergraduate Students - Cathy Surface at [csurface@holypostles.edu](mailto:csurface@holypostles.edu)**

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#### **For Holy Apostles College & Seminary Use Only:**

##### **Signatures:**

Academic Dean \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

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