



Michigan School of Professional Psychology

Withdrawal Form

Name _____ ID# _____

Semester _____ Academic Year _____ Date Submitted _____

Address:

Contact Phone #'s:

Home

Work

Cell

Email Address:

**Important Note: Your MiSPP email account will remain active for two weeks after withdrawal.*

I am officially withdrawing from the program at MiSPP.
Do you plan on returning to MiSPP? _____ If yes, When? _____

I am officially withdrawing from the following course(s):

Is Withdrawal due to (check one): Academic OR Non-Academic (please specify below)

Financial Health Family Personal Other: _____

I understand the terms and conditions of my withdrawal. By signing below I agree to pay the balance in full on my account at MiSPP within 30-60 days from receipt of a statement showing the amount due. I understand that a hold will be placed on my academic records including transcripts for any past due balance.

Student Signature: _____ Date Signed: _____

Office Use only - Return original to Registrar

Last Date of Attendance _____ Library Clearance _____

Library Fees \$ _____ Statement Mailed to Student on _____

Title IV Recipients Loan Funds returned to Lenders on _____ by _____

Ending Balance Due by Student \$ _____ Date Payment Received _____

Financial Aid Impact

Financial aid recipients must also consult with the Financial Aid Coordinator to determine impact of a withdrawal on the award and repayment.

An additional Title IV assessment fee of up to \$100 may apply if MiSPP must return student loan funds.

All tuition and fees owed to MiSPP are deducted from any refund.

Outstanding balances are due no later than 60 days from final statement; accounts are subject to interest and collection fees for non-payment.