

Active Military Duty Request to Withdraw

Visit masc.ku.edu/activation for more information.

1.	Name:		2. KUID (7 Digit Number):			
3.	Copy of Military Orders:	Yes	Not yet (See Number 5 below)			
4.	E-mail address we can use	to contact you:				
5.	If you do not have a copy of your MILITARY ORDERS, please email or mail them to us as soon as possible. In order to process this request, we must have a copy of your orders.					
	KU 15 Lawren 785-86	eam of the University Regist 02 Bldg., 1502 Iowa ce, KS 66045 4-3900 (FAX) istrar@ku.edu				
6.	Graduate Students : Have you talked with your department faculty advisor? Yes No In addition to submitting this form, you must communicate with their graduate program to either voluntarily withdraw from the program or take an academic leave of absence. Talk to your department faculty advisor <i>before</i> proceeding with this form & withdrawing.					
7.	WITHDRAWING in between	een semesters?	YesNo			
8.	WITHDRAW from all classemesters and currently no		No (If no, go to number 8.) N/A (withdrawing between			
	Pharma Underg Underg AEC Law The form can be found at (1)	cy raduate Engineering raduate Architectural E attps://registrar.ku.edu/s an or Dean's represer	sites/registrar.ku.edu/files/servicedocs/Withdrawal%20form.pdf). Once it has need to the Office of the University			
	Withdrawal form complete	d, signed by Dean of D	ean's representative attached?YesNo			
9.	I wish to WITHDRAW fre	om the following CLAS	SSES: NOTES			
I w	rish to STAY ENROLLED CLASS	in the following CLAS	SES: NOTES			

Decisions about grading or incompletes are decisions made by the faculty on the basis of the work you have completed to date and the rules governing the course.

There is a full 100% refund for classes from which you withdraw and no adjustment for classes in which you remain enrolled, even if you are requesting a grade of incomplete in those classes.

10. If you have student financial aid, woul	d you like for us to notify the Office	ce of Student Financial Aid	d for you?			
YesNo, I	will contact Financial Aid myself	Not Ap	plicable			
11. If you have a contract with Student Ho	ousing, would you like for us to not	tify the Office of Student F	Housing for you?			
YesNo, I	will contact Housing myself.	Not App	licable			
12. If you have a parking permit, would yo	If you have a parking permit, would you like for us to notify KU Parking for you? .					
YesNo, I will conta	act Parking myself.	Not Applicable				
13. Is there anyone else at KU you would l	like us to contact on your behalf?					
NAME:	OFFICE:	CONC	CERN:			
14. When do you plan to return to KU?	Spring (year)	Summer (year)	Fall (year)			
15. Would you like to remain/become a part	of the email list? Yes	No				
16. The KU Student Veterans of America lik	ces to send occasional cards and/o	r care packages to deploye	ed KU students. Would			
you like for them to send you mail while dep	ployed? Yes NoN/A					
If yes, what is your address or whom can we	contact to receive your deployme	ent address?				
Address:	TFregistrar@ku.edu) and Military e of us as soon as you know when yers or more (including the semeste	you'll be returning and we er you withdrew from if yo	e will help you with this process. ou left during the semester), you			
Student Signature:		DATE				