Belmont University
Withdrawal Permission Form

Semester (circle one):  Fall  Spring  Summer  Year _________

- Students are required to reapply through the Office of Admissions if absent or not enrolled for a semester.
- Date of withdrawal becomes effective upon return of this form to the Office of the Registrar with all the required signatures. Refer to the Belmont website and review the catalog for the complete policy on withdrawals/refunds.

Please Print:
Name: ___________________________________________ Belmont ID: B 0 0
Phone Number: __________________________ Email address: ___________________@pop.belmont.edu

Do you have a housing assignment for the semester you are requesting a withdrawal? ______
If so, where do you live on campus? __________________________________________ Do you have a meal plan? ______

Do any of the following apply to you?

- [ ] Student Athlete  - [ ] VA Benefits
- [ ] HOPE Scholarship*  - [ ] Federal loans/grants (Title IV), State or Institutional Aid*

Please give your reason for withdrawing. Your response will be held in confidence. If more space is needed please use the back of this form.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

*If you are receiving the Tennessee HOPE Scholarship, withdrawing from the University may discontinue your HOPE scholarship eligibility. Please see the Registrar's web page for information on the appeal process: http://www.belmont.edu/registrar/hope.html

*As a Title IV recipient, I understand that in accordance with Federal regulations, all or a portion of my loans or grants may be removed from my account. In the event funds are removed, I agree to pay any outstanding charges that result from this federal calculation. According to Belmont policy, institutional scholarships and grants may be removed thus creating additional charges for which I am responsible. Furthermore, if there are charges which I have incurred that have not yet posted to my student account, I understand and agree that I am responsible for these charges.

There are different refund deadlines for tuition/fees and housing/meal plans. I understand that it is my responsibility to follow up with Student Financial Services and Residence Life regarding my account and any balance that remains due to withdrawing from Belmont.

Student Signature: ___________________________________________ Date: ____________

OFFICE USE ONLY:
Registrar Office signature: ___________________________ Date____________________
Effective withdrawal date __________________ Institutional refund of tuition (if applicable): ______% 
Residence Life signature: ___________________________ Date __________________
SFS signature: ___________________________ Date __________________

Belmont University • Office of the Registrar
1900 Belmont Blvd. • Nashville, TN 37212 • phone: 615-460-6619 • fax: 615-460-5415 • email: registrar@belmont.edu