

# Notice of Semester Withdrawal

Registrar's Office  
Holy Family Hall, Rm 216  
registrar@holyfamily.edu  
267-341-3212 (phone)  
215-281-9067 (fax)

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Last Name

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First Name

---

M.I.

---

Address

---

H.F. ID #

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City

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State

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Zip Code

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Telephone Number

---

E-Mail Address

Major: \_\_\_\_\_

Receiving Financial Aid?  Yes  No

(Please indicate return semester)

**Reason(s) for withdrawal**

(Please check all those which apply)

 Financial (not Financial Aid)  Change of Residence  Personal Illness Financial Aid  Difficulty with Studies  Family Obligations Transferring to another College (please indicate College) \_\_\_\_\_ Other \_\_\_\_\_Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **I hereby wish to withdraw from the \_\_\_\_\_ semester and I  
plan on returning in the \_\_\_\_\_ semester.**

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Student Signature

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Date