

Notice of Semester Withdrawal

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

Last Name

First Name

M.I.

Address

H.F. ID #

City

State

Zip Code

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.**

Student Signature

Date

Distribution: Business Office, Financial Aid Office, Academic Advising Center, Dean of the School of Study,
Director of Residence Life, Public Safety Office, Graduate Office, Athletics