



Discontinuance Office  
 B-150 ASB, Provo, UT 84602  
 (801) 422-7705  
 Fax: (801) 422-0615  
 email: discontinuance@byu.edu  
 website: http://discontinuance.byu.edu

# REQUEST FOR DISCONTINUANCE

Date Out \_\_\_\_\_

Semester/Term \_\_\_\_\_ Year \_\_\_\_\_

**Withdrawal from the University does not become effective until this completed form has been submitted to the Discontinuance Office.**

**INSTRUCTIONS:**

- After reading the instructions, complete the entire Request for Discontinuance form, front and back.
  - Are you receiving multicultural financial aid? Yes \_\_\_ No \_\_\_ If yes, the Multicultural Student Services Office (1320 WSC) must sign below.
  - Are you an International student? Yes \_\_\_ No \_\_\_ If yes, the International Office (1351 WSC) must sign below.
- You must obtain instructors' signatures if you are discontinuing after the withdrawal deadline (sixth week of the semester or the third week of the block/term). A passing or failing grade will be associated with any withdrawal from a course beginning with those weeks. A failing grade will be recorded in classes for which there is no instructor signature. (See back of form)
- Submit completed form to the Discontinuance Office. Completed forms may also be faxed or mailed to address above.

**IMPORTANT INFORMATION:**

- \* Any student who has received federal financial aid (Pell, ACG, or SMART Grant, Stafford or PLUS loans) may have SOME OR ALL of the refund returned to those programs. If excess funds were disbursed, repayment of some or all of those funds may be required.
- \* Discontinuance on or after the first day of class will result in a withdraw date posted on the student's transcript. The withdraw date coincides with the date the student discontinues.

**Clearance Signatures:** Multicultural Office \_\_\_\_\_  
 International Office \_\_\_\_\_

**Do you have a 1st block class? (If Yes, see the Discontinuance Counselor before completing this form.)**  
 Yes  No

Name (Last, First, Middle) \_\_\_\_\_ Age \_\_\_\_\_ BYU ID or SS # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_ May we contact you by email?  Yes  No  
 Are you a U.S. citizen?  Yes  No

How was your tuition paid? (Check all that apply)

<input type="checkbox"/> Multicultural Financial Aid	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Vocational Rehab	<input type="checkbox"/> Stafford Loan	<input type="checkbox"/> Check/e-check
<input type="checkbox"/> BYU Benefits Office	<input type="checkbox"/> BYU Short Term Loan	<input type="checkbox"/> Plus/Grad Plus	<input type="checkbox"/> Pell, ACG, SMART Grant	<input type="checkbox"/> Not yet paid by any source
<input type="checkbox"/> BYU Scholarship	<input type="checkbox"/> Off-Campus Scholarship	<input type="checkbox"/> Woolley/MSM Loan	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Other _____

Did you purchase a BYU Student Health Plan?  Yes  No  
 Have you attended your classes?  Yes  No  
 Do you live in on-campus housing?  Yes  No  
 Do you need to sell back your books?  Yes  No

Are you planning to return to the University in the future? (If yes, talk to the Discontinuance Counselor about eligibility requirements).  
 Yes  No If yes, please specify when Year \_\_\_\_\_  Fall  Winter  Spring  Summer

Reason for discontinuance:

<input type="checkbox"/> Family Reasons	<input type="checkbox"/> Medical or Illness	<input type="checkbox"/> Financial Reasons	<input type="checkbox"/> Registration Problems	<input type="checkbox"/> University Request/HCO
<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Illness at Home	<input type="checkbox"/> Mission	<input type="checkbox"/> Graduated	<input type="checkbox"/> University Request/Academic
<input type="checkbox"/> Vacation/Break	<input type="checkbox"/> Employment	<input type="checkbox"/> Marriage	<input type="checkbox"/> Academic Problems	<input type="checkbox"/> University Request/Other
<input type="checkbox"/> Changing Major	<input type="checkbox"/> Lack of Interest	<input type="checkbox"/> Military	<input type="checkbox"/> Transfer to Another Univ.	<input type="checkbox"/> Independent Study

I certify that I have read the instructions and the above information is correct. I understand that if I am a BYU student employee, I will be terminated immediately from my BYU employment (fall & winter semesters only). **I also understand that discontinuing during a major semester (fall or winter), or during the term/semester to which I was newly admitted could affect my future eligibility to continue enrollment. If I desire to continue enrollment at BYU, I must work with the Discontinuance Counselor or contact the Admissions Office to defer or reapply by the appropriate deadlines.** Any available tuition refund will be sent to my credit card or mailed to the address I have listed on Route Y, or applied to future semester charges. I realize that any money owed the University will be deducted from my refund and understand the existence of delinquent financial accounts will result in holds on my University records. **Note: Due to the number of students discontinuing, refunds and account adjustments can take several weeks to process. Due to federal regulations and time constraints, financial aid adjustments must be processed first.** If you have questions about your refund please contact Financial Services at 422-4104.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

<b>For Office Use Only</b>	Notes for report:	_____
	Refund: 100% ___ 85% ___ 75% ___ 50% ___ 0% ___ NO SHOW _____ TD _____	_____
		Discontinuance Effective Date _____ Date of Report _____

Middle  
 First  
 Last

# Grade and Attendance Report Section

**STUDENTS: Only complete this section if you are discontinuing after the Withdraw deadline,** at which time instructors' signatures are required.

Student Name (Last, First, Middle)

BYU ID or SS #

**INSTRUCTORS:** Please indicate which grade the above mentioned student should receive for your class, a "W" (officially withdrawn) or "WE" (officially withdrawn but academically failing, equivalent to a 0.0 GPA). Please assess the grade **as of the day the student stopped attending your class or completed assignments**. Any questions may be directed to the Discontinuance Office, 422-7705.

Class	(Check One)	Instructor's Signature
_____	<input type="checkbox"/> W <input type="checkbox"/> WE	_____
_____	<input type="checkbox"/> W <input type="checkbox"/> WE	_____
_____	<input type="checkbox"/> W <input type="checkbox"/> WE	_____
_____	<input type="checkbox"/> W <input type="checkbox"/> WE	_____
_____	<input type="checkbox"/> W <input type="checkbox"/> WE	_____
_____	<input type="checkbox"/> W <input type="checkbox"/> WE	_____
_____	<input type="checkbox"/> W <input type="checkbox"/> WE	_____
_____	<input type="checkbox"/> W <input type="checkbox"/> WE	_____

**PLEASE NOTE:** A "WE" grade will be recorded in classes for which there is no instructor signature.