Office of Student Financial Assistance
Student Withdrawal Consultation Form

Student Name: ________________________________________________________________

Marshall University Student Identification Number (MUID): 901__________________________

Permanent Address: __________________________________________________________________

City: ____________________   State: _______    Zip Code: _______   County: ____________

Telephone Number: (____) ________________    Email Address: _______________________

Withdrawing from the University may result in a recalculation of your federal, state, and institutional financial aid awards. Withdrawing from the University may also affect your future financial aid eligibility for specific financial aid programs, although in some cases you have the right to appeal by published deadlines. To understand the financial aid implications of withdrawing, I certify that I have read and understand the following:

☐ The policy on the Treatment of Financial Aid due to Withdrawal, which is located at http://www.marshall.edu/sfa/notificationdisbursement/#fndtn-efs-tabpane-1-5.

☐ The policy on Satisfactory Academic Progress for Financial Aid, which is located at http://www.marshall.edu/sfa/eligibility-costs/financial-aid-satisfactory-academic-progress/.

☐ If a WV PROMISE Scholarship recipient, the policy on the WV PROMISE Scholarship Renewal Requirements, which is located at https://secure.cfwv.com/Financial_Aid_Planning/Scholarships/Promise/Renewal_Requirements.aspx.

☐ The renewal requirements for Marshall University scholarships, WV Higher Education Grant, and other financial aid programs, which are detailed in my Awards located in my financial aid records in myMU or at www.marshall.edu/sfa.

☐ If a Federal Student Loan borrower, the loan will go into repayment after its grace period ends. Information regarding exit loan counseling, repayment options, loan forgiveness programs, etc., is available at www.studentloans.gov.

________________________________________________________________________________

Student Signature ________________________     Date ________________________

________________________________________________________________________________

Financial Aid Counselor Signature ________________________     Date ________________________

This form will be maintained in the Office of Student Financial Assistance and a copy will be given to the student to submit to the Division of Student Affairs.

Rev. 2/2018