

Office of Student Financial Assistance Student Withdrawal Consultation Form

Financial Assistance Office and a copy will

be forwarded to the Division of Student

Affairs.

| Student Name: | | | |
|--|--|--|--|
| Marshall University Student Id | entification Numbe | er (MUID): 901 | |
| Permanent Address: | | | |
| City: | State: | Zip Code: | County: |
| Telephone Number: () | | Email Address | S: |
| _ | from the University hough in some case | may also affect yous s you have the right | ur future financial aid eligibility for ht to appeal by published deadlines |
| The policy on the Treatment www.marshall.edu/sfa/notifica | | | |
| The policy on Satisfactory Acwww.marshall.edu/sfa/eligibil | • | | |
| | at https://secure.cfw | • | OMISE Scholarship Renewal Re- Aid Planning/Scholarships/Promise/ |
| · · | · · | • | / Higher Education Grant, and other my financial aid records in myMU or |
| If a Federal Student Loan bo Information regarding exit loa available at www.studentloar | an counseling, repay | • • • | after its grace period ends. n forgiveness programs, etc., is |
| Student Signature | | | Date |
| Financial Aid Counselor Signature | | | Date |
| | | This form will b | e maintained in the Student |

For Internal Use Only

Tracking Code: MEDWC

Logged by:

Date Logged: