

Student Withdrawal Notice

Return to: Registrar's Office
College of the Ozarks
PO Box 17
Point Lookout, MO 65726

Fax to: 417-337-7220

Name _____

Student ID Number _____

Forwarding address _____

Current e-mail (non-CofO email) _____

Current Student Status:

- Full Time Dorm Full Time Commuting Part Time
- Special Non-Degree Post Graduate Pre-College

Check all that apply:

- Veteran of Armed Forces International Student
- Approved School Trip Academic Suspension
- First Semester Student Currently on Summer Work Scholarship

Reason(s) for withdrawal _____

Official Withdrawal Date:

- Effective Immediately Effective End of Semester

Note: By signing this form I understand that my grade transcripts will not be released by the registrar's office until all obligations with this college have been met satisfactorily. Failure to return your student ID card and/or hangtag may result in additional charges.

Student signature _____