



# WITHDRAW FROM SEMINARY

## Records Office

1435 N Glenstone Ave • Springfield MO 65802  
 Phone (417) 268-1026 • Fax (417) 268-1030  
[records@agts.edu](mailto:records@agts.edu)

Date \_\_\_\_\_

Name \_\_\_\_\_ ID or SSN \_\_\_\_\_

Permanent address \_\_\_\_\_  
Street/Box City State Zip

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Check one:**    Student request to withdraw    Administrative withdrawal

Reason for withdrawal:

- Academic    Health    Finances    Employment    Suspension or Dismissal
- Transfer; name of school \_\_\_\_\_
- Other \_\_\_\_\_

Do you plan to return to AGTS?    Yes    No   If yes, when? \_\_\_\_\_

Degree plan \_\_\_\_\_ Date of withdrawal \_\_\_\_\_

Last day of attendance/contact \_\_\_\_\_

Advisor note \_\_\_\_\_

**Courses to be withdrawn:**

| Dept Prefix | Course Number | Credit Hours | Course Title | Grade WP/WF | Professor Signature |
|-------------|---------------|--------------|--------------|-------------|---------------------|
|             |               |              |              |             |                     |
|             |               |              |              |             |                     |
|             |               |              |              |             |                     |

Upon withdrawing from the Seminary:

- Tuition credit will be calculated based on the date of withdrawal.
- Title IV Federal Aid will be recalculated based on the last day of attendance/contact.
- Student account cannot be cleared until all library materials are returned and/or fines paid.
- No official transcript will be issued until all financial obligations with the Seminary are met following the calculation of tuition refund and return of Title IV funds.

***I understand the above policy and the consequences of my decision to withdraw from AGTS, and accept the financial responsibility of any amount still owed on my account.***

***I further understand any tuition refund or post-withdrawal disbursement requires 30 days to process.***

Student \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

AGTS Records \_\_\_\_\_ Date \_\_\_\_\_

**Student's overall evaluation of AGTS (optional):**

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**Office use only:**

Processed by \_\_\_\_\_ Date \_\_\_\_\_ ID/Proxy card cancelled \_\_\_\_\_

**Notice distribution:**

- Student  Advisor  Bursar  Billing  Financial Aid  VA Rep  AGTS Library  EU Registrar