Saint John's
School of Theology·Seminary
Collegeville, Minnesota 56321

DISCONTINUED GRADUATE/DIVINITY STUDENT FORM

NAME: _____
LAST FIRST MIDDLE

ID NUMBER: _____ CLASS _____

WITHDRAWAL FROM THE FOLLOWING TERM:

FALL 20____ SPRING 20____ SUMMER 20____

____ BEFORE TERM WITHDRAWAL DATE: _____

____ DURING TERM WITHDRAWAL DATE: _____

____ END OF TERM WITHDRAWAL DATE: _____

REASON FOR WITHDRAWAL: _____

_____

COURSES DROPPED: _____ ○ Permanent Drop ○ Withdrawal

_____ ○ Permanent Drop ○ Withdrawal

_____ ○ Permanent Drop ○ Withdrawal

_____ ○ Permanent Drop ○ Withdrawal

CC: REGISTRAR'S OFFICE
STUDENT ACCOUNTS OFFICE

OFFICE USE ONLY

Date Entered _____