

Section 1
Student

Student Name

Student ID

Student Email

Primary Program/Major

Total Earned Hours

Student Phone #

Section 2
Withdrawal

Semester (fall/winter/spring/summer and year) _____

Please check if you do not intend to return to Saint Louis University

This petition is for a complete drop/withdrawal; if not completely dropping/withdrawing submit the *Petition to Withdraw from Course After the Late Registration Period*

Section 3
Not Returning

Will you be transferring to another institution? _____

If Yes, what institution? _____

I understand and acknowledge that:

!