

	www.vinu.edu	<u>Distance</u>	Education dist	Withdraw ed@vinu.edu	Date <u>al Request</u>	Term	
dent Name					Student ID		
Date of Birth	Phone			Advisor			
☐ Check if y	ou are a health	occupations r	major (Nursing	, Funeral Serv	vice, HIM, Pharn	n Tech, PTA, Radiography)	
Credit Hours	Course Prefix	Course Number	Section	Course Nan	<u>ne</u>		
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(Students who	initiate a withd		or any Developn disqualification			lly go on academic warning or	
Payment Typ	e: Financial Aid	d Veteran	or GI Benefit	□ та □	Self		_
			ments regardir	ng tuition adji	ustment rates a	nd financial aid. (Required)	
Initial:		-			referred to the T n/withdrawal).	uition Credit Adjustment Sch	edı
nitial:	withdr	awal based or	n the last date	of course wo	ork completed. I	icial aid originator upon understand it is my 51) for any impact a withdra	wa

Distance Education Email: disted@vinu.edu **Distance Education Fax:** 812-888-2054

Date

Student Signature