Worcester Polytechnic Institute

Office of the Registrar

Undergraduate Official Withdrawal Form

Instructions:

- Download and open the form in **Adobe Acrobat Reader** (necessary to input signature) and complete Part I.
- Send the form with Part I completed to your academic advisor in the Office of Academic Advising to fill out Part II.
  - Schedule a meeting with your advisor on tutortrac.wpi.edu to discuss your plans.
- Complete the Official Withdrawal survey: Leave of Absence or Withdrawal Survey | WPI System
- Submit the completed form to the Office of the Registrar: registrar@wpi.edu (this is necessary to process any potential tuition adjustments)

Important information:

1. **Review impacts before submitting**: Understand how a withdrawal may affect financial aid, visa status, housing, coursework, and project work. Withdrawal or Leave of Absence | Worcester Polytechnic Institute.
2. **Clear all obligations:** Before your leave, resolve any financial balances and return equipment, housing or lab keys, and library materials to avoid holds on your record that could block transcript access.
3. **Plan for financial aid changes:** Aid will be recalculated based on your official leave date, which may result in additional financial responsibilities.
4. **Notify key offices (if applicable):** International students must inform the Office of International Students and Scholars – contact ih@wpi.edu: Students living on campus should arrange to move out within 48 hours unless otherwise approved – contact housing@wpi.edu with questions.

PART I: To Be Completed by Student

Name: _____ **Student ID:** _____

Home Address: _____

City: _____ **State / Zip:** _____

Email Address: _____ **Class Year:** _____

Withdrawal Effective Date Information:

Semester and Term of Leave of Absence: _____ *Example: Fall 2026, A-Term*

Last Date of Attendance: _____ *This date should reflect the last time you completed academic work, submitted an assignment, attended class, or other academic related engagements. The last date of attendance will be verified with your faculty.

Reason for Withdrawal (please check all that apply):

☑ Medical ☑ Academic ☑ Financial ☑ Personal ☐ Family Obligation ☐ Other

Comments: _____

_____

Your financial obligations may not be final at the time this form is filed, so please check your email for notifications. By signing below, you acknowledge that you will be financially responsible for paying all charges associated with your account.

Student Signature: _____ **Date:** _____

PART II: To Be Completed by Academic Advisor

Effective Date of Withdrawal: _____ **Advisor Name:**_____

Advisor Signature: _____ **Date:** _____

PART III: Registrar's Office Use Only

Staff Initials: _____ **Date:** _____ **FINAID:** _____ **Tuition %:** _____

Notes: _____ **WDSDU:** _____ **MW Tracking:** _____

Letter w/Attachment: _____

CC: International House, Academic Advising, Housing and Residential Experience Center, Bursar's Office, Office of Financial Aid