

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:

!