Active Military Duty Request to Withdraw
Visit masc.ku.edu/activation for more information.

1. Name: ________________________________ 2. KUID (7 Digit Number): ______________________

3. Copy of Military Orders: _____ Yes _____ Not yet (See Number 5 below)

4. E-mail address we can use to contact you: __________________________________________________

5. If you do not have a copy of your MILITARY ORDERS, please email or mail them to us as soon as possible. In order to process this request, we must have a copy of your orders.

Send to: RTF Team
Office of the University Registrar
KU 1502 Bldg., 1502 Iowa St.
Lawrence, KS 66045
785-864-3900 (FAX)
RTFRegistrar@ku.edu

6. Graduate Students: Have you talked with your department faculty advisor? _____ Yes _____ No
   In addition to submitting this form, you must communicate with their graduate program to either voluntarily withdraw from the program or take an academic leave of absence. Talk to your department faculty advisor before proceeding with this form & withdrawing.

7. WITHDRAWING in between semesters? ___Yes ___No

8. WITHDRAW from all classes? _____ Yes _____ No (If no, go to number 8.) _____ N/A (withdrawing between semesters and currently not enrolled in classes)

   If YES, the following students must use a paper withdrawal form (if withdrawing on or after the first day of classes):
   Pharmacy
   Undergraduate Engineering
   Undergraduate Architectural Engineering
   AEC
   Law

   The form can be found at [https://registrar.ku.edu/sites/registrar.ku.edu/files/servicedocs/Withdrawal%20form.pdf](https://registrar.ku.edu/sites/registrar.ku.edu/files/servicedocs/Withdrawal%20form.pdf). Once it has been signed by the Dean or Dean’s representative of your School it must be submitted to the Office of the University Registrar or the Military-Affiliated Student Center.

   Withdrawal form completed, signed by Dean of Dean’s representative attached? _____Yes _____No

9. I wish to **WITHDRAW** from the following CLASSES:
   CLASS                  NOTES
   __________________________________________________
   __________________________________________________
   __________________________________________________

   I wish to **STAY ENROLLED** in the following CLASSES:
   CLASS                  NOTES
   __________________________________________________
   __________________________________________________
   __________________________________________________

Decisions about grading or incompletes are decisions made by the faculty on the basis of the work you have completed to date and the rules governing the course.
There is a full 100% refund for classes from which you withdraw and no adjustment for classes in which you remain enrolled, even if you are requesting a grade of incomplete in those classes.

10. If you have student financial aid, would you like for us to notify the Office of Student Financial Aid for you?
   _____ Yes    _____ No, I will contact Financial Aid myself.    _____ Not Applicable

11. If you have a contract with Student Housing, would you like for us to notify the Office of Student Housing for you?
   _____ Yes    _____ No, I will contact Housing myself.    _____ Not Applicable

12. If you have a parking permit, would you like for us to notify KU Parking for you?
   _____ Yes    _____ No, I will contact Parking myself.    _____ Not Applicable

13. Is there anyone else at KU you would like us to contact on your behalf?

NAME:_________________________OFFICE:_________________________CONCERN:_________________________

14. When do you plan to return to KU?  
   Spring _____ (year)  Summer _____ (year)  Fall _____ (year)

15. Would you like to remain/become a part of the email list? _____ Yes _____ No

16. The KU Student Veterans of America likes to send occasional cards and/or care packages to deployed KU students. Would you like for them to send you mail while deployed? ___ Yes___ No ___N/A

   If yes, what is your address or whom can we contact to receive your deployment address?
   Address: ______________________________
   Address: ______________________________
   City, State, Zip: __________________________
   OR
   Person: ________________________________
   Phone: ________________________________
   Email: ________________________________

The Office of the University Registrar (RTFregistrar@ku.edu) and Military-Affiliated Student Center (masc@ku.edu) can assist you with your return to KU. Contact either one of us as soon as you know when you’ll be returning and we will help you with this process. If you will be gone from KU three semesters or more (including the semester you withdrew from if you left during the semester), you will need to reapply to KU as a returning student (https://go2.ku.edu/portal/apply). Reach out to masc@ku.edu, who can help you determine if/when you need to reapply.

Student Signature: ____________________________ DATE