



STUDENT REQUEST FORM

NOTICE OF COMPLETE WITHDRAWAL

NEW ORLEANS
BAPTIST THEOLOGICAL SEMINARY

NAME _____ DATE _____

E-MAIL ADDRESS _____ NOBTS-ID# _____

MAILING ADDRESS _____ PHONE _____

DEGREE _____ CAMPUS _____

Please circle the appropriate term:

FALL SEMESTER	SPRING SEMESTER	SUMMER INSTITUTES
VIRTUAL CAMPUS	SATURDAY PROGRAM	ACADEMIC WORKSHOP
Request Submitted: Before - Beginning - Middle - End of Term		

Course #

Name of Course

Professor

Reason for request _____

NOTE: If this request affects your status as a full-time student, financial aid/ FACTS/housing may be jeopardized. It is the student's responsibility to communicate directly with the appropriate office(s) to resolve any concerns.

*****OFFICE USE ONLY*****

STAFF SIGNATURE:

REC'D HOW: CALLED MAILED IN WALKED UP FAXED

WITHOUT ACADEMIC PENALTY With Refund (Less Fee) - Without Refund	WITH ACADEMIC PENALTY Without Refund
--	--

Academic Advisor