

Briar Cliff UNIVERSITY

the catholic franciscan learning place

Intent to Return

Student Name _____

BCU
ID# _____

The following information must be collected if you withdraw from any course(s) in a semester:

_____ I am completely withdrawing from all courses this semester in the Academic Year of 20__ to 20__. I understand that a Return of Funds will be calculated and my financial aid could be affected.

_____ I plan to continue attendance this semester with the following course(s):

I understand that if I do not stay enrolled in the current semester, as I have indicated above, a Return of Funds will be calculated and my financial aid for this semester could be affected.

Student Signature _____ Date _____

You must return this completed form to BCU's Financial Aid Office via one of these methods:

FAX 712-279-1632

Scan/email–

peggy.bauer@briarcliff.edu

Postal mail– Briar Cliff University,
3303 Rebecca Street, Sioux City, IA 51104