

UNIVERSITY WITHDRAWAL



IMPORTANT: ALL fields below are REQUIRED. The form will be returned if incomplete.

Student name: _____ ID#: _____ Campus: _____

Degree program: _____

Check one: International Domestic

Last date of attendance (mm/dd/yyyy): _____

University withdrawal is effective: Term: _____ Year: _____

If currently registered, check this box to authorize the university to drop or withdraw you from your courses for the specified term above.

Reason for university withdrawal:

I understand that if I choose to return at a later date, then I must apply for re-entry or readmission to the university.

Student signature

Date

Please submit the completed form to a Student Services Representative.

For administrative use only:

Advisor to notify the applicable departments: Financial Aid, Student Business Services, Library, Professional Training, ADA Office, Military and Veterans Affairs and International Student Services Office.

Received by:

Advisor Name/Date

For Registrar's Office use only:

The above changes have been made to CX: PER Accom Online Reg

Processed by: _____ Date: _____

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