

# Withdrawal from the College Form

Students use this form to formally withdraw from the College. The Withdrawal will not be considered official until the form is returned with appropriate signatures to the Registrar's Office and processed.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Matriculation Number: \_\_\_\_\_

Reason for Withdrawal:  Academic  Financial  Medical  Personal

(Please Specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required Signatures:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

Office use:

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Date processed

\_\_\_\_\_  
Processed by

Notes: \_\_\_\_\_