

Institutional Withdrawal Form

Purpose of this form: Use this form if you elect to withdraw completely from the Institute. You must complete the appropriate section of the "Institutional Withdrawal form." Please have it signed and then submit it to the Registrar's Office.

Last Name	Trease have	To begin our und business	First, Middle (if an	ny) Name		
IDN 1	SEVIS/I-20 # Not Applicab	ole	Program of Study			
ID Number	STUDENT ID #		Last Course/Seme	ster		
Address:						
	Street		City		State	Zip
Phone:		Personal E-mail:				
	withdraw completely from the your reason for withdrawal from			itions of institution	al withdrawal and	refund policy.
☐ Health Proble	ms	☐ Academic Difficulties	s 🗖 Employment Offe	er 🗖 Family and	or other	
☐ Transfer to an	nother institution (specify the name	ne, location, program of s	tudy & reasons):			
Name of Ne	w School:		City:		State:	
New Program	m of Study:					
Please explain: _						
Student's Sign		Today's Date:	D1	nned Date of Wi	715155551	
submitting this 1. Dean / Progra	m Chair or Academic Advisor	Date		art with internation	mai Student Advi	SOI DEIDIE
2. Library Servi	ces – Verifying the student librar	ry account				
			Date			
				☐ Outstanding	g Balance	
Accounting Offi 3.	ce – Verifying the student financ	ial account	Date		LDA:	
4. Registrar's Of						
	ffice – Deactivating the student a	eccount	Date	☐ Proof of LI current or prior	OA (transcript, or attrocourse/term)	endance report fo
NOTE: Please	ffice – Deactivating the student a			current or prior	course/term)	-
NOTE: Please of Office Use Only	-			current or prior	course/term)	-
	consult the Accounting Office fo		ntion and Refund policy.	current or prior "as it is subject to	course/term)	-
Office Use Only	consult the Accounting Office fo	or details of the " Cancell a	ntion and Refund policy.	current or prior "as it is subject to	course/term)	-