

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Phone:	<input type="text"/>
7 Digit Case ID or Network ID:	<input type="text"/>	Email:	<input type="text"/>		
Address:	<input type="text"/>				

I request to be withdrawn from all courses which I am currently enrolled for the term listed below. (Graduate students: You are required to obtain the signatures of your advisor and department chair.)

	Term	Year	Career
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last date of class attendance:  Last date of residence on campus:

I intend to return in (tentative semester/year of re-enrollment)

	Term	Year
	<input type="text"/>	<input type="text"/>

Reason for withdrawal/leave (check all the apply):

Personal  Financial  Medical  Academic  Transfer  Other

Please explain:

I have read and agree to comply with the items applicable to me as stated on the [Withdrawal Form Information](#) page. If withdrawing after the first week of classes, I understand that all classes for which I am registered will have a grade of WD. I understand that withdrawal is not official or complete until I obtain appropriate signatures from the offices checked below and this form is processed by the Office of the University Registrar.

Student Signature	<input type="text"/>	Date	<input type="text"/>
<input type="checkbox"/> VISA Office	<input type="text"/>	Date	<input type="text"/>
<input type="checkbox"/> Faculty Advisor	<input type="text"/>	Date	<input type="text"/>
<input type="checkbox"/> Department Chair	<input type="text"/>	Date	<input type="text"/>

<b>Academic Dean's Office Only</b>
Dean's Recommended Withdrawal Date: <input type="text"/>
Dean's Signature: <input type="text"/> Date <input type="text"/>

<b>University Registrar's Office Only</b>
Processed by: <input type="text"/> Date <input type="text"/>