



# Withdrawal Request Form

Office of the Registrar

This form should not be used to defer enrollment for a newly admitted student. New students, please contact your Admissions Counselor for additional assistance.

**Instructions:** Please complete this form in its entirety and return it to the Registrar's Office. Incomplete and/or illegible forms will delay the processing of your request. **SUBMIT SIGNED REQUEST TO:**

**Email:** [RegistrarOffice@pacificoaks.edu](mailto:RegistrarOffice@pacificoaks.edu) • **FAX:** (626) 466-3011 • **Mailing address:** 55 Eureka Street, Pasadena, CA 91103

## SECTION I: COMPLETED BY STUDENT

**Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Email Address** (other than school account): \_\_\_\_\_ **International student?**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Preferred phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Degree Level:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Current Enrollment:**  I plan to **complete** the courses I am enrolled in before withdrawal **OR**  
 (choose one)  I plan to **withdraw** from the courses I am currently enrolled in.

I wish to withdraw. My last semester of enrollment will be: \_\_\_\_\_

Reason for Withdrawal (check all that apply):

<input type="checkbox"/> Academic	<input type="checkbox"/> Medical
<input type="checkbox"/> Financial	<input type="checkbox"/> Transfer to another College/University
<input type="checkbox"/> Personal	<input type="checkbox"/> Transfer to other program
<input type="checkbox"/> Employment	<input type="checkbox"/> Administrative (Staff only)
<input type="checkbox"/> Other (detail reason in comments section below):	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please read and sign below:**  
*"I understand that I am responsible for returning all library books and other borrowed materials and for fulfilling all financial obligations to the institution as outlined in the Student Handbook. I also understand that withdrawing from the institution means that I will no longer have access to the school's electronic resources, including my school email account."*

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## SECTION II: COMPLETED BY THE OFFICE OF THE REGISTRAR

AUTHORIZATIONS	
I. <u>OFFICE OF THE REGISTRAR</u>	
Signature _____	Date _____
II. <u>FINANCIAL AID</u>	
Signature _____	Date _____
III. <u>STUDENT ACCOUNTS</u>	
Balance due? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$ _____
Signature _____	Date _____

FOR USE BY THE OFFICE OF THE REGISTRAR					
Date of Determination:		Rev. Grad date:	N/A	Courses Removed:	_____ week
LDA:		Rtn Sem. date:	N/A	YES:	<input type="checkbox"/> Unregistered <input type="checkbox"/> Drop Grade:
NSLDS WDRWL:		Refund %:		NO:	<input type="checkbox"/> not registered OR <input type="checkbox"/> dropped after 10 <sup>th</sup> day <input type="checkbox"/> W <input type="checkbox"/> F
Sys Entry Date:		Processed by:		Notifications:	<input type="checkbox"/> IT <input type="checkbox"/> Facilities <input type="checkbox"/> ISA <input type="checkbox"/> Library <input type="checkbox"/> APP