



COMPLETE WITHDRAWAL FORM

Admissions, Records & Evaluations Office

(559) 278-2261

Last Name

First

Middle/Maiden

Student Identification Number

I wish to withdraw from all classes for the (check one) Fall Spring Summer 20____ semester.

The reason for my complete withdrawal is: _____

_____ Attach supporting documents (e.g. medical, legal, etc.) if appropriate.

I certify all statements are true, correct and complete, and that I have returned any University property in my possession.

Student's Signature

Date

- During the last three weeks of instruction, complete withdrawal is permitted only in cases such as accident or serious illness, where the cause of withdrawal is due to circumstances clearly beyond the student's control. Requests must be endorsed by the College/School Dean of your major. Undeclared undergraduate students must obtain signature from the Academic Enhancement Services Office and the undeclared postbaccalaureate students from the Graduate Studies Office.

Signature

Date

- All Students:** Financial Aid Office, JAd. 296
 Yes No Received Title IV Funds

Signature

Date

- You must have an exit interview and secure clearance from one or more of the appropriate offices:**

Undergraduate Student:

Academic Enhancement Services, JAd. 224

Signature

Date

Int'l Student Services and Programs, JAd. 211

Signature

Date

Educational Opportunity Program (EOP), JAd. 224

Signature

Date

Graduate/Post-baccalaureate

Div. of Graduate Studies and Research, TAd. 132

Signature

Date

Int'l Student Services and Programs, JAd. 211

Signature

Date

- All veterans and veterans' dependents receiving benefits need a clearance signature from the Registrar's Office, JAd. 106.

Signature

Date

- Return completed Withdrawal Form and Request for Refund Form, if applicable, to the Admissions & Records Office, Joyal Administration Building on or before the last day of instruction before finals. Failure to return any University property will result in a **HOLD** being placed on your record.

FOR OFFICE USE ONLY

Refund requested Yes No

Form Issued By _____ Date _____
Processed By _____ Date _____