

Complete this form if you intend to leave CMKL University with no intention to return. Read the policy on the following pages prior to completing this form. **Prior to withdrawal, you must contact your academic advisor. Withdrawal may jeopardize your financial aid status, contact The HUB for details.** Federal law mandates students Visa contact the HUB **prior** to withdrawal.

Withdrawal

STUDENT INFORMATION

Student CMKL ID: _____ Email : _____

Student Name: _____
Last/Family, First and/or Preferred, MI

Permanent Address: _____
Street Address/PO Box, City, State, Zip, Country (if not US)

Current Address: _____
Street Address/PO Box, City, State, Zip, Country (if not US)

Telephone #: _____ Mobile Phone #: _____ Personal Email Address: _____

Home College: _____ Department: _____ Class: _____

Semester of Withdrawal (*check one*): Fall Spring Summer-1/All Summer-2 20 _____

Student's Signature: _____ Date: _____
mm/dd/yyyy

WITHDRAWAL INFORMATION

Student's Reasons for Withdrawal (*optional*): _____

DEPARTMENT INFORMATION & SIGNATURES

Date Student Began Withdrawal Procedure (*mm/dd/yyyy*): _____ W Grade(s) Assigned? Yes No

Advisor: _____ Signature: _____ Date: _____
Required for All Students Print Name mm/dd/yyyy

Program Director: _____ Signature: _____ Date: _____
Graduate Students Only Print Name mm/dd/yyyy

Program Director: _____ Signature: _____ Date: _____
Undergraduate Students Only Print Name mm/dd/yyyy

HEAD OF STUDENT AFFAIRS

Comments/Requirements: _____

Head of Student Affairs: _____ Signature: _____ Date: _____
Print Name mm/dd/yyyy

OFFICE USE ONLY

Semester _____ Units Dropped _____ New Enrollment Status _____ Adjusted Tuition _____ Initials/Date _____