

SEMINARY WITHDRAWAL NOTIFICATION

Please complete this form and submit it to the Registrar's office.

	STUDENT					
	Student Name		Date			
	Home Address					
	Degree					
	Advisor					
	Student Status (check all that apply): Grant/Scholarship Recipient Loan Recipient J1/F1 Visa Student (International Student) VA Student or Beneficiary	Yes Yes Yes Yes	No No No No			
I.	. WITHDRAWAL					
	I am withdrawing from the seminary: At the end of the semester, after having completed all the coursework for that semester (Effective withdraw date is the specified semester's last day of exams)					
	During the semester, knowing for which I am currently registered; I further under to withdraw from courses, I will receive an F gray (Effective withdraw date is the date that the Register of the course of	derstand ade for o	that if I veach cour	withdraw afte se	er the last	
	My primary reason for withdrawing is:					
	I am transferring to another graduate-level institution: Yes No					
	I am moving/relocating: Yes No New Address (if Yes):					
	I have read the Catalog section(s) on Withdrawal/R	Reinstate	ment/Rea	dmission:	Yes	No
				Date		
	Student Signature					
	Registrar Signature			Date		
				Date		
	Vice President of Academic Affairs Signature			<u> </u>		