



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

SECTION I: COMPLETED BY STUDENT

Name: _____	ID Number: _____
Email Address (other than school account): _____	International student? <input type="checkbox"/>
Address: _____	
City: _____	State: _____ Zip Code: _____
Preferred phone: _____	Other phone: _____
Degree Level: _____	Program: _____ Location: _____
Current Enrollment: (choose one)	I plan to complete the courses I am enrolled in before withdrawal OR Please process my withdrawal immediately. I understand this may impact my billing and Financial Aid.

Reason for Withdrawal (check all that apply and enter comments below):			
Academic	Financial	Medical	Transfer to another College/University
Personal		Transfer to other program	Administrative (Staff only)
Employment	Other		
Comments (Required):			

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 [Academic Catalog and 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 _____
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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?	No	Yes	Amount	\$ _____	
Signature _____					
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 Drop Grade: _____
NSLDS WDRWL:		Refund %:		NO:	<input type="checkbox"/> not registered OR <input type="checkbox"/> dropped after 10 th 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