



INSTRUCTIONS

Please complete this form to withdraw from the University, not an individual course. Wet signature required. Electronic signatures will not be accepted. This form must be processed by the Office of the Registrar.

Name: _____
First Middle Last

Student ID #: _____ Class of: _____ Date of Birth: _____ Phone #: _____

Personal Email: _____

Address: _____
Street Address (Include suite, apartment #, P.O. Box, etc., if applicable.)

City, State ZIP Code

WITHDRAWAL INFORMATION

College/Program: _____ Level: _____ (e.g. P1, Freshman, etc.)

Term/Year of Withdrawal: Summer Fall Spring Year: _____(yyyy)

Effective Date: _____(mm/dd/yyyy) Date of Last Attended Class: _____(mm/dd/yyyy)

Reason for Withdrawal (check one & explain): Financial Transferring Personal Medical Other

Explanation: _____

FINANCIAL INFORMATION

1. Have you received financial aid, a scholarship or a loan from CNU? YES NO

2.a Are your fees paid and up to date? YES NO

2.b If NO, please explain:

I understand that, though I am withdrawing from California Northstate University, I am responsible for all outstanding financial obligations to the University. Student Initials: _____

Student Signature: _____ Date: _____

Designated Academic Official: _____ Date: _____

Dean: _____ Date: _____

Financial Aid Manager: _____ Date: _____

Business Office/Controller: _____ Date: _____

Registrar: _____ Date: _____

OFFICE OF THE REGISTRAR USE ONLY

Date Received: _____ Date Processed: _____ Processed By: _____ Updated 07/19 OR