



**INSTRUCTIONS** Save this PDF to your computer, open using Adobe Reader, complete, print, sign and submit to the Office of the Registrar.

Please complete this form to withdraw from the University, not an individual course. This form must be processed by the Office of the Registrar to be official.

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

**WITHDRAWAL INFORMATION**

College (check one):  COP  COM  CHS 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

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

2b) 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: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office/Controller: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean of Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE OF THE REGISTRAR USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ Updated 06/15 OR