



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tucaregistrar@tu.edu • website: <http://tu.edu>

Student Information

Academic Program:

DO MSMHS-COM Pharmacy MSMHS-COP Education Joint MSPAS/MPH Public Health Nursing

Name _____ Class of _____ Student ID# _____
(required)

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

This form should be completed if you intend to withdraw from your college/program.
If you intend to withdraw from classes only, you must complete an add/drop form.

Late Date of Attendance: _____

Reason for Withdrawal: _____

I acknowledge that should I choose to withdraw from my college/program and wish to re-enter at a later date, I must reapply for admission and, if accepted, assume the status of a new student. The official withdrawal date posted to the transcript is the date this completed form is approved by the dean/program director.

Student Signature _____ **Date** _____

THE FOLLOWING SIGNATURES MUST BE OBTAINED PRIOR TO LEAVING YOUR COLLEGE/PROGRAM.

Dean/Program Director Date
Is student in good standing? Yes No

Associate Dean of Students Date
Is student in good standing? Yes No

Financial Aid Director Date
Is student in good standing? Yes No

Bursar Date
Is student in good standing? Yes No

Student Health Director* Date
Required only for students withdrawing for medical reasons

Registrar Date

For Office Use Only:

Date received: _____

Updated in: Status Log CMDS: SIS CMDS: Hold CMDS: Notes Transcript Directory Roster Student File

Information Released to: Program Student Services Bursar Financial Aid Student Health Facilities Library IT