



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tuaregistrar@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.

Last 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: \_\_\_\_\_ Processed On: \_\_\_\_\_ Processed By: \_\_\_\_\_

Updated in:  Banner  Roster  Transcript  Student File

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