

PROGRAM/MAJOR WITHDRAWAL FORM



Request Date: _____

Student Name: _____

Current

DEGREE: _____ MAJOR: _____

Withdrawal Date: _____

Student's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

For Office Use Only

(Registrar)

Entered in Populi: Date: _____

(Accounting Office)

Paid (If applicable): Amount: \$ _____ Date: _____

Note: _____