

## Withdrawal from University Form

For detailed withdrawal instructions, please see <a href="https://www.clarke.edu/academics/academics/academics-">https://www.clarke.edu/academics/academics-</a> <a href="resources/withdrawal-process">resources/withdrawal-process</a>. After completing this form, please complete the Clarke University <a href="Exit Survey">Exit Survey</a>.

Unc	lergraduate	Graduate	Major/Program			
First N	lame		Middle Name	Last Na	me	
Date o	of Birth	Last date of c	lass attendance, if withd	rawing during s	semester:	
Non-C	larke Email		Cell Pho	ne Number		
			Spring Summer In semesters, please selec		wing the las	t term enrolled
_	-		rsity? Yes No of return?			
Prima	ry Reason for l	eaving Clarke:	(please check only one	oox below)		
	Academic Career Financial Health/Medica Military Assign		<ul><li>Permanent Dis</li><li>Personal/Fami</li><li>Transferring to university</li></ul>	У	god	gram was not a od fit er:
	be withdrawn understand th policy. I unders student housir awards will be funds. Note: N	from all classe at I am respor stand that my ng and to use o affected and l on-U.S. citizen	erstanding: I understandes for which I am enrolled as for which I am enrolled as for which I am enrolled withdrawing from the Ucampus facilities. I under I may be liable for tuitions who withdraw from the main in the United State.	d for the term I is assessed accordiniversity will after that my in owed as a rester University mo	have specifiording to the fect my eliginal current and sult of the ret	ed above. I university's <u>refund</u> bility to remain in I future financial aid turn of financial aid
Stude	nt Signature					_ Date
Signature of Academic Advisor, Graduate Director, or Department Chair*						_ Date
*Signo	nture may be sc	anned or ema	il from advisor/graduate	director/depai	rtment chair	to

Please FILL OUT ONLINE, PRINT, AND RETURN TO:

Clarke University Registrar's Office, 201 Haas Administration

registrar@clarke.edu will be accepted in lieu of signature.