



Washington Baptist University

Request for Academic Withdrawal

| | | | |
|----------------------|----------------|-----------------|---------|
| Student Name: | Last: | First: | SEVIS # |
| Address: | City: | State: | Zip: |
| Email: | Date of Birth: | Contact Number: | |

| | | | |
|---|--|--|---|
| Degree/Program (Please Specify) | <input type="checkbox"/> Undergraduate _____ | <input type="checkbox"/> Graduate _____ | <input type="checkbox"/> English Language Program |
| Withdrawal From: | <input type="checkbox"/> Fall Semester _____ | <input type="checkbox"/> Spring Semester _____ | <input type="checkbox"/> Summer _____ |

I request withdrawal from all my academic courses.

Student's Signature

mm/dd/yyyy

It is a requirement that all students attach a letter stating their reason for withdrawal from Washington Baptist University.

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Authorized Personnel Only

Reason for withdrawal:

- Medical-student**
- Medical-immediate family**
- Death-immediate family**
- Military Orders**
- Change of Status (receipt #)** _____
 - Copy must be attached**
- Other (please specify)** _____

Date of Request:

Date of Withdrawal: