



UNIVERSITY WITHDRAWAL

OFFICE OF ADMISSIONS AND RECORDS (MC 018)

Please PRINT

NAME Last First Middle			SOCIAL SECURITY NUMBER			
COLLEGE	LEVEL <input type="checkbox"/> 01 <input type="checkbox"/> 03 <input type="checkbox"/> 02 <input type="checkbox"/> 04	REASON FOR WITHDRAWAL <input type="checkbox"/> Student Initiated <input type="checkbox"/> Per Petition <input type="checkbox"/> Via UICX/Web <input type="checkbox"/> Other _____		STUDENT'S SIGNATURE <input type="checkbox"/> Withdrawal in Absentia <input type="checkbox"/> Retroactive Withdrawal		
Withdrawal Effective For <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____		Date Withdrawal Initiated ____/____/____		Date Rebate Voucher (if any) Completed ____/____/____		
Date of Last Class Attendance ____/____/____		Effective Date of Withdrawal Per College ____/____/____		Initials _____		

APPROVALS

Director of Graduate Studies (Graduate Students Only)

Signature _____ Date _____

Office of International Services (Student Visa Holders Only)

Signature _____ Date _____

College (All Students)

Signature _____ Date _____

Office of Registration and Records

Signature _____ Date _____

STUDENT'S ADDRESS

Name		
Number and Street		
City	State	Zip Code

FOR OFFICE USE ONLY

Entered
____/____/____
Date
Initials

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SAMPLE