



NOTICE OF WITHDRAWAL

TERM: Fall Spring Semester 20_____

U or G Student

SID No: _____

Name: _____ M F
last first middle sex

Birth date: _____ First Enrolled at Berkeley: _____

Local Address: 1) _____
number and street city state zip

Perm. Address: 2) _____
number and street city state zip
Which address is best to contact you: 1 2

Local Phone: 1) _____ Perm. Phone: 2) _____

Cell Phone: 3) _____ E-Mail Address: _____
Which phone is best to contact you: 1 2 3

College, school or division: _____ Major / curriculum: _____

Are you planning to resume studies at Berkeley? No Yes Are you enrolled next semester? No Yes

Last day attended classes: _____

Do you receive financial assistance? No Yes Do you receive loans or a fellowship? No Yes

Required signatures

Student Signature: _____

RESERVED FOR OFFICE SPACE

Dean or Dean's Representative: _____ Date: _____

Graduate Adviser Chair: _____ Date: _____

Medical Director: _____ Date: _____

International Student Adviser: _____ Date: _____

Financial Aid Officer: _____ Date: _____

EOP Adviser: _____ Date: _____

Veterans Services: _____ Date: _____

Loans & Receivables: _____ Date: _____

UHS Review required for readmission: Yes No

THIS SPACE RESERVED FOR THE OFFICE OF THE REGISTRAR

Eligible for refund : No Yes Percent _____ Readmit Approval : _____ Date: _____ Fees: Paid Offset