

NOTICE OF WITHDRAWAL TERM:
 Fall Spring **Semester 20** ____

 Undergraduate **Graduate**

 SID No: _____ **F1 or J-1 International Student:** Yes No

 Name: _____ Sex: Male Female
Last First Middle

Date of Birth: _____ First Enrolled at Berkeley: _____

 Local Address: #1 _____
Number & Street City State Zip Code

 Perm. Address: #2) _____
Number & Street City State Zip Code

 Which address is best to contact you: #1 #2

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

Cell Phone: #3) _____ Email Address): _____

 Which phone is best to contact you: #1 #2 #3

College, School or Division: _____ Major/Curriculum _____

 Do you receive financial assistance : No Yes Are you Enrolled Next Semester: No Yes
 Do you receive loans or fellowship : No Yes Have you taken a Medical Withdrawal in the past No Yes
 Do you plan to resume studies at Berkeley : No Yes If yes semester _____ year _____

 I UNDERSTAND THAT ONCE THE WITHDRAWAL IS APPROVED IT IS FINAL & CANNOT BE REVERSED _____
(INITIAL)

 I UNDERSTAND THAT IF THERE IS A HEALTH BLOCK ON THE WITHDRAWAL, I CANNOT SIGN UP FOR CLASSES UNTIL I AM
 MEDICALLY CLEARED _____
(INITIAL)

STUDENT SIGNATURE: _____ Last Day Attended Classes: _____

If you are requesting a backdate, what is the date you are requesting? _____

RESERVED FOR OFFICE SPACE
Doctor's Recommendation: I recommend an academic withdrawal for the above stated semester due to the student's medical condition
Required Signatures

Dean or Dean's Representative:		Date:
Graduate Adviser Chair:		Date:
Medical Director:	License No.	Date:
F-1 and J-1 regulations require that a medical doctor, doctor of osteopathy or a licensed clinical psychologist recommend medical withdrawals, cancellations. Berkeley International Office cannot approve recommendations from any other health care provider.		

Withdrawal Approval Information

Date Withdrawal Submitted: _____ Withdrawal Effective Date: _____

(If different than submission date)

 UHS Review required for readmission? No Yes