

NOTICE OF WITHDRAWAL

TERM: Fall Spring Semester 20_____

Undergraduate Graduate

SID No: _____

International Student: No Yes

Name: _____
Last First Middle

Sex: Male Female

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: _____

RESERVED FOR OFFICE SPACE

Required Signatures

Dean or Dean's Representative:		Date:
Graduate Adviser Chair:		Date:
Medical Director:		Date:

Withdrawal Approval Information

Date Withdrawal Submitted: _____

Withdrawal Effective Date: _____

(If different than submission date)

UHS Review required for readmission? No Yes

THIS SPACE IS RESERVED FOR THE OFFICE OF THE REGISTRAR

Eligible for Refund : No Yes Readmit Approval: _____ Date: _____

Fees: Paid Offset