

SAMUEL MERRITT COLLEGE
Office of the Registrar
450 30th St., Suite 2802
Oakland, California 94609
Telephone: 510.869.1550 Fax: 510.869.6204

WITHDRAWAL FORM

Return withdrawal form to the Office of the Registrar after all signatures have been obtained. Final transcript will be released only after the completed form is on file.

Withdrawal date *(last day of class attendance)*

Academic Program

Name (First, Middle, Last)

I.D. Number

Address (Street, City, State, Zip Code)

Is this an address change? () Yes () No

Telephone # (888-555-1212)

REASON FOR WITHDRAWAL

If more than one please rank in order of importance by using "1," "2," "3,"

__ Academic Problems

__ Financial Problems

__ Relocation

__ Illness

__ Transfer (same major)

__ Transfer (other major)

__ Maternity

__ Personal

__ Other: _____

Student Signature

Date Signed

Clearance must be obtained from the following offices before withdrawal can be approved:

◆ Program or Department Chair

(Graduate Students)

Signature

Date

◆ Instructor(s) (for students withdrawing during the term). * Please indicate last day of class attendance, use back of form if necessary.

Signature

Class

Date

◆ Student Accounts

Signature

Date

◆ Financial Aid

Signature

Date

◆ Library

Signature

Date

◆ Student Services

Signature

Date