

SAMUEL MERRITT UNIVERSITY

Office of the Registrar
450 30th Street, Suite 2802
Oakland, California 94609
Telephone: 510.869.1550 Fax: 510.869.6204

WITHDRAWAL FORM

Please print.

Return withdrawal form to the Office of the Registrar after all signatures have been obtained.

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 #

Student Signature

Date Signed

Evidence of notification must be signed by:

◆ 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

◆ Vice President
Enrollment & Student Services

Signature

Date