

# SAMUEL MERRITT UNIVERSITY

Office of the Registrar  
3100 Telegraph Ave., Suite 1000  
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