



**ADMISSIONS APPLICATION WITHDRAWAL FORM**

**I would like to request that my admission application be withdrawn for the following term;**

**Term:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **ID/SSN:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are currently registered for classes you will need to contact the office of Records and Registration. This form WILL NOT withdraw you from classes. The student is responsible for ensuring that all classes are withdrawn.