Clark Atlanta University • Office of the University Registrar
223 James P. Brawley Drive • Atlanta, GA 30314-4391

APPLICATION FOR WITHDRAWAL FROM THE UNIVERSITY

GRADUATE ( ) UNDERGRADUATE ( ) Semester _____ 20_____

Name _____ Social Security Number _____

Classification: ( )1st YR ( )SO ( )JR ( )SR ( )GM ( )GS ( )GD

Permanent Address _____
Number Street City State Zip

Campus Address_____

Parent or Guardian (If Applicable)_____

Address_____
Number Street City State Zip

REASON(S) FOR WITHDRAWAL:

Financial	( )	Lost interest in CAU ( )
Health	( )	Leave of absence (expected date of return)_____
Academic	( )	Transfer (what school?)_____
Personal	( )	Other (please specify)_____
		_____

INSTRUCTIONS: The student must obtain signatures from the following offices in the order numbered below. Withdrawal will become effective when the University Registrar's signature is affixed. After all signatures are obtained, leave the form in the Office of Student Accounts, and retain the last copy for your record.

Student's Signature_____ Date of Withdrawal Application_____

DO NOT WRITE BELOW THIS LINE

1.)_____ 2.)_____
Advisor/School Dean/Enrollment Support Date Housing (if campus resident) Date

3.)_____ 4.)_____
Dean of Students Date Library Date

5.)_____ 6.)_____
Financial Aid Date University Registrar Date

NOTE: All refunds are made by check and payable to the person responsible for payment.

PAYMENT:

Cash	$_____
Scholarship/Source	$_____
Other Aid/Source	$_____
TOTAL CREDITS:	$_____

CHARGES:

Note: Must pay _____% tuition and fees	$_____
TOTAL BALANCE DUE OR REFUND TO STUDENT:	$_____

7.) Approved by the Office of Student Accounts_____ Date_____

COPY DISTRIBUTION: University Registrar (White) Student Accounts (Canary) Student (Pink)