PRINT

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

APPLICATION FOR WITHDRAWAL FROM THE UNIVERSITY

Student Type Are you a Veteran Affairs student?

Name _____ Semester _ _____

Classification: Student ID Number 900_____

Permanent Address _____
Number Street City State Zip Code

Campus Address _____ Phone Number_____

Parent or Guardian (If Applicable) _____

Address _____
Number Street City State Zip Code

REASON (S) FOR WITHDRAWAL:

- Financial ☐
- Health ☐
- Academic ☐
- Personal ☐
- Lost interest in CAU ☐
- Leave of absence (expected date of return) _____
- Transfer (what school?) _____
- 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.

Student's Signature _____ Date of Withdrawal Application _____

DO NOT WRITE BELOW THIS LINE

1.) _____
Advisor/School Dean/Enrollment Support Date

2.) _____
Housing (if campus resident) Date

3.) _____
Dean of Students Date

4.) _____
Library Date

5.) _____
Financial Aid Date

6.) _____
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 _____