



POINT LOMA
NAZARENE UNIVERSITY

NOTICE OF INTENT TO WITHDRAW FROM THE UNIVERSITY - GRADUATE PROGRAMS

Note: Please fill out this form completely. It may be filled out by the student or by a staff member who obtains the information via telephone, fax, or e-mail from the student.

This form must be filled out when a student is dropping all of their registered courses for the current semester, or upon the decision to withdraw from the student's current program at the University.

A copy of the completed form should be submitted to the on-site Student Financial Services Advisor and the student's Academic Advisor, and the original should be sent via courier service to the Graduate Administrative Services office, upon which it will be forwarded to Records and processed and any additional personnel notified.

NOTE: Students who withdraw from the University must reapply for any subsequent admission.

Name:		ID#:
Telephone Number (with Area Code):		SS#:
Students Mailing Address (Street, City, State, Zip):		E-mail Address (other than @ptloma.edu):
Today's Date:	Date of Last Attendance:	Date of Departure:
Reason for Withdrawal (see below):	Planning to return?	If so, when?
Student Signature (if applicable):		

Withdrawal Codes:

Administrative Withdrawal	AW	Medical	ME
Deceased	DE	Military Service	MS
Disciplinary Action	DI	Personal Reasons	PE
Dissatisfied with PLNU	DS	Relocation	RL
Financial	FA	Transfer to other Institution	TO

Checklist for Offices and Contacts:

1. Graduate Administrative Services YvetteMiranda@pointloma.edu	Date	3. Financial Aid Advisor (On-Site)	Date
2. Student Financial Services DanielReed@pointloma.edu	Date	4. Program Assistant	Date
3. Records RecordsChange@pointloma.edu	Date	5. Advisor	Date

Comments (if any):

Date:

Initiating Office:

Staff Initiator: