

University Withdrawal Request

Office of the Registrar

**This form should be completed only if you intend to completely withdraw from the University.
 If you intend to withdraw from classes only, you must complete an add/drop form.**

INSTRUCTIONS:

All students requesting to withdraw from California Health Sciences University should first meet with their respective Office of Student Affairs to seek individual guidance regarding their decision. Students must complete the Withdrawal Form in its entirety and submit it to the Office of the Registrar. Any incomplete Withdrawal Forms will be returned to the student for additional information. The withdrawal will be effective on the date the Office of the Registrar approves the form or the last day the student stops attending all classes, whichever is earlier.

First Name: _____ **Last Name:** _____ **SONIS Student ID#:** _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **CHSU Email:** _____

Last Day of Attendance: ____ / ____ / ____ **Personal Email:** _____

Program (PharmD or DO): _____

REASON FOR WITHDRAWAL:

▶ _____
 Student Signature Date

▶ _____
 Dean's Signature Date

▶ _____
 Registrar Signature Date