



OFFICIAL WITHDRAWAL FORM

Date: _____

Name: _____

Student #: _____ Current Semester: _____

Reason for Withdrawal: _____

Signature: _____ Date: _____

Please present this form to each of the following officials for signature:

Librarian: _____ Date: _____

Bursar/ Financial Aid: _____ Date: _____

I acknowledge the outstanding balance on my account arising from tuition, fees, insurance, housing and other miscellaneous charges, in the amount of _____ and agree to make full payment within 30 days. I understand that failure to submit full payment may result in my account being placed in collections with all reasonable collections costs added to the amount above.

Dean of AICASA: _____ Date: _____