



Official Withdrawal Form

Name: _____ Student ID Number: _____

School or program: _____ Effective Date of Withdrawal: _____

Permanent address: _____ Phone: _____

E-mail address: _____

Reason for withdrawal: _____

Last term completed: _____

Are you registered currently? Yes No If Yes, which campus? _____

Term withdrawing from: _____

School or program: _____

School or program dean, designee, or program director signature: _____

In order to completely withdraw from the Health Sciences Center, the signatures for each department listed below must be obtained in the order listed. If all signatures are not obtained, a stop will be placed on your account and transcripts and other records will not be issued.

PARKING, Building 500, Ground Level Floor _____ Date
(Parking cards, tickets, etc.) Phone: 303-724-2555

UCHSC BOOKSTORE, Building 500, 1st Floor _____ Date
(Outstanding Charges) Phone: 303-724-2665

FINANCIAL AID, Education II North, 3rd Floor _____ Date
(Loans, Scholarships, etc.) Phone: 303-556-2886

DENISON LIBRARY _____ Date
(Fines, books, library card) Phone: 303-724-2152

ID ACCESS, Building 500, N1207, Ground Level _____ Date
(Student ID) Phone: 303-724-0399

BURSAR'S OFFICE, Education II North, 3rd Floor _____ Date
(Tuition, loan exit interview) Phone 303-724-8032(Financial Aid must sign first)

ONCE THE SIGNATURES ABOVE ARE OBTAINED, PLEASE RETURN THE COMPLETED FORM TO THE REGISTRAR'S OFFICE, EDUCATION II NORTH, 3rd FLOOR, FOR FINAL CLEARANCE. NOTE THAT YOU WILL NOT BE WITHDRAWN UNTIL THIS FORM IS SUBMITTED TO THE REGISTRAR'S OFFICE.

STUDENT SIGNATURE: _____ Date

PROCESSED BY: _____ DATE: _____