

WITHDRAWAL FORM

Name: _____ Date: _____

R-number: _____

Program/Class #: EMBA _____ EAMBA _____ PMBA _____ EDBA _____

Address:

Are you currently in a F-1 or J-1 Student Visa status? YES _____ NO _____ (If yes, see signature below that is required from Jenifer Ruby, Director of International Student & Scholar Services Office in advance)

Phone: _____ Cell Phone: _____

Term: Fall Spring Summer Year:

WITHDRAWAL FROM COURSE(S) WITHDRAWAL FROM PROGRAM

Course Number: _____ Course Title: _____ Credits: _____

Course Number	Course Title	Credits

Reason for withdrawal: _____

Refund: 100% 75% 50% No Refund

Student Signature: _____

Crummer Advisor Signature: _____

Dr. Bill Seyfried, Associate Dean for Academics

International Student & Scholar Services – **Signature Required for students attending with a F-1 or J-1 Visa**

Jenifer Ruby, Director