SEMESTER WITHDRAWAL FORM

Submit this form to the Registrar's Office

Withdrawal may not be your only or best option. Please review the website or see a Coordinator for more information.

Circle	Semester & In	dicate Date)		Fall	Spring		Summer	Date:		
Stude ID#	ent	Name (print)									
Email		Cell Phone:									
orwardin	g Address:										
Reason fo	r Withdrawal:	Acade	emic He	ealth Fi	inancial	WorkMi	litary	FamilyPe	ersonal		
nternatio policy app	-	of Leadersl	nip will prora	ate the fees	assessed bas	sed upon the	official da	te of withdraw	al, University Refund		
ou are re	ees will take 3	ny remainir	ng payments	on your pay	yment plan. A	•		e applied to you t (407) 801-51	ur payment plan. Any 40 or		
	U.S. Citizen? _ t a U.S. Citizen and			Student Servic	e's Director Sigr	ature is required	. FSSS Directo	or Signature			
-	ure on this forn		-			aw from all cl	asses at In	ternational Un	iversity of Leadership		
OFFICE											
OFFICE USE								Official WD Date:			
Program	1:		Processed By:				Com	ments:			
Academ Load:	ic Course		Reception Date:								
Session	Session Start date	Session End date	Amount Paid	Date of refund request	Week of Refund	Percentage of refund	Refund Amount	Expected Payment Date	Method of Reimbursement		