

OFFICE OF THE REGISTRAR

9980 Carroll Canyon Road, San Diego, CA 92131 • Phone (858) 642-8260 • Fax (858) 642-8718

UNIVERSITY WITHDRAWAL FORM

This form is to withdraw from National University immediately and permanently. This form is NOT for dropping or withdrawing from a course or discontinuing a degree. Please see your Admissions Advisor to do either of these.

- I declare my intent to withdraw from all academic programs and courses at National University. I do not intend to return and understand that all current and all future courses will be dropped in all programs.
- I understand that if I am enrolled in a course for the current term, I will be issued the appropriate grade according to official course drop and withdrawal deadlines as published in the catalog.
- I understand that I am responsible for any outstanding balance with National University.
- If I received Federal Student Aid, federal regulations require National University to determine if I completed more than 60% of the payment period funded prior to being considered withdrawn. If it is determined that less than 60% of the payment period funded was completed prior to being considered withdrawn, then in accordance with federal regulations National University will refund unearned monies disbursed to me to the appropriate federal program or lender. If monies are refunded on my behalf, I understand that I will need to repay National University within 45 days of the University's notification.

| Student Name | (First) | (Middle) | (Last) | Student ID# |
|----------------|---------------------|--|---------------|--------------|
| Student Addres | SS | | | Apt # |
| City | | State | ZIP Code | Home Phone # |
| Reason | | | | |
| Х | | | | |
| Signature | | | | Date |
| • Enroll | as ment Status v | ed upon receipt in the Reco s follows: vill be changed to Universi mediately withdrawn from | ty Withdrawn. | |

University.