



TOTAL WITHDRAWAL FORM

DISCLAIMER: Please download the form, fill out all information, SAVE the form to your computer and then submit your completed application.

(Failure to save the form will result in a loss of all typed information)

Last Name: _____ First Name: _____ M.I. ____ CWID No: _____

Home Phone Number: _____ Cell Phone Number: _____ Cal U Email Address: _____

Status: Choose an item.

Do you meet any of the following: Student Athlete Veteran International OSD TAA WIOA

Current Major: _____ Advisor: _____

Withdrawal Request Date: _____ **TERM:** Fall 20__ Winter 20__ Spring 20__ Summer 20__

Select one: Choose an item.

Do you plan to return to California University of PA as a student in the future? YES NO UNSURE If yes, what term? _____

If transferring, where? _____

Major at New University: _____

Exit Interview Date & Time: _____ Method: Choose an item.

Notes: (Plans following withdrawal from Cal U)

Approved University Signature

Date

If you are receiving federal financial aid, be aware that a total withdrawal will likely result in your financial aid being adjusted and reduced. As a result, you would then owe payment to the university. It can also reduce your future eligibility for financial aid. Consult the financial aid section of the withdrawal web site for more information. If you are unsure about how a total withdrawal may impact your financial aid or if your reason for withdrawal is due to financing, please contact the Financial Aid Office before proceeding.

I agree to pay in full whatever balance remains due on my tuition account within 30 days. If payment in full is not possible, I will sign a letter of intent detailing when and how much I will pay on a monthly basis until the balance is paid in full. I also understand that I will not be permitted to register for future terms or receive transcripts until this balance is paid in full.

Student Signature/Initial

Date

All completed forms must be emailed to: academicrecords@calu.edu