

Withdrawal Request Form

PLEASE PRINT

Last Name:		First Name:	
Student Number:		Daytime and evening phone number: () ()	
Forwarding Address			
Email:		Street Number:	
City:	State:	Zip code:	

Check Academic Program/Major and Trimester Below		
<input type="checkbox"/> Massage Therapy	<input type="checkbox"/> BS Biomedical Sciences	<input type="checkbox"/> Oriental Medicine
<input type="checkbox"/> Chiropractic Assistant	<input type="checkbox"/> Chiropractic Medicine	<input type="checkbox"/> Naturopathic Medicine
<input type="checkbox"/> Pre-requisite Courses	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> MS DI/ACP Res Progs
<input type="checkbox"/> Summer _____	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Spring _____

Reason for Withdrawal: (Please check all that apply)		
<input type="checkbox"/> Need time off to work	<input type="checkbox"/> Campus Residence	<input type="checkbox"/> Family emergency
<input type="checkbox"/> Financial Aid/Financial Concerns	<input type="checkbox"/> Academics - (work load) (class size)	<input type="checkbox"/> Medical/Health reasons
<input type="checkbox"/> Commute	<input type="checkbox"/> Program/courses not as expected	<input type="checkbox"/> Rest/regroup/Personal
<input type="checkbox"/> Classes conflict with work	<input type="checkbox"/> Not enough academic support	<input type="checkbox"/> Change of career plans
<input type="checkbox"/> Transfer to another school	<input type="checkbox"/> Culture of NUHS	<input type="checkbox"/> Other _____

I am: a U.S. citizen or permanent resident an international student here of a F1 or J1 visa status

My withdrawal date is effective: immediately at the end of the current trimester

I plan to return for the: Spring of _____ Summer of _____ Fall of _____

I will not be returning to NUHS:

IMPORTANT

Please Initial _____ I understand my withdrawal can result in a return of my Financial Aid funds and a balance due on my student account. I have spoken with the Financial Aid office and the Student Accounts department regarding these changes.

I understand that I am fully responsible for any tuition, fees, and/or fines that are due on my student account. Failure to make timely payments will result in finance charges. In the event of non-payment, delinquent accounts will be sent to a collection agency. I will be responsible for the payment of all collection costs. The Office of the Registrar has been notified, I cannot receive transcripts until all outstanding obligations are paid. I am also aware that by withdrawing, I will not have access to the following: residence halls, lockers, student email and CygNet. I also understand that the last day of my recorded academic activity (class attendance, examination, etc.) will determine my official withdrawal date for the calculation to return any federal funds.



Student Signature: _____ **Date:** _____

Dean of Students Signature: _____ **Date:** _____

College Dean's Signature: _____ **Date:** _____

Original Form must be submitted to the Office of the Registrar for Processing

Last Date Recorded Academic Activity	Attendance Roster Attached	Other Academic Activity	Documentation Attached
	Y N		Y N
Authorized Withdrawal	Processed by / Date	Refund %	DF Waiver
Y N	/	100 75 50 0	Y N

Please note that Unauthorized Withdrawals will earn an "F" not a "W" for their courses.