

## 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:** \_\_\_\_\_

**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.**