



# Withdrawal from School

Office of Registrar, 2625 E Cactus Road, Phoenix, AZ 85032

iPad Serial Number: \_\_\_\_\_

\_\_\_\_\_ Will keep iPad

\_\_\_\_\_ Will NOT keep iPad

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_ Semester Not Returning: FA  SP  Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

**ALL SIGNATURES ARE REQUIRED BY THE APPROPRIATE DEPARTMENT UNLESS INSTRUCTED OTHERWISE.**

- 1. Dean of Academic Affairs: \_\_\_\_\_
- 2. Director of Student Life: \_\_\_\_\_
- 3. Business Office: \_\_\_\_\_
- 4. Library: \_\_\_\_\_
- 5. Athletics Compliance Coordinator (if athlete): \_\_\_\_\_
- 6. Financial Aid Office: \_\_\_\_\_
- 7. Residence Life: \_\_\_\_\_
- 8. Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*refund policy - see ACU catalog**

**OFFICE USE ONLY**

Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_