



UNIVERSITY of WESTERN STATES

Integrating Health and Science

Withdrawal from UWS Request Form

Name: _____, _____ Student ID: _____
Last First

Program: _____ If enrolled in more than one program, withdrawal from both? Yes No

Current Term Registered: _____ Year _____ LDA: _____
Fall, Winter, Spring, Summer Last Day Attended

- I request a withdrawal from University of Western States.
- I understand that if I withdraw from UWS after the last date for refunds, the tuition is due, in full, even though it may have been deferred over the 3 months of the term.
- I understand that once I have been withdrawn from the University, I have severed all ties. Should I elect to return I will have to reapply for entrance, meeting the entrance requirements, fees and any other requirements in force at the time of my desired re-entry. UWS is under no obligation to readmit me, and an admissions committee will evaluate my reapplication, including my past history at UWS.

Instructions to student:

1. You are responsible for personally acquiring the necessary signatures.
2. Please complete the form below.
3. Return this form, completed, to the Registrar's Office.

ADDRESS WHERE YOU CAN BE REACHED:

 Street or Mailing Address City State Zip

Phone Number: (____) _____ Non UWS E-mail: _____

Are you a Veteran? Yes No Are you an International Student? Yes No

Student Signature Date

Reason for Leaving: _____

This form is not complete until signed by the Program Dean and the Registrar's Office.

 Program Dean/Director or Designess Date

 Registrar's Office Signature Date

Notification of Withdrawal: _____ **For Office use only:** Email to Group List sent on: _____

Were any credits completed? Yes No Posted to SIS: _____

If yes, how many? _____ NSLDS Notified: _____
