

OFFICE OF THE REGISTRAR

Request to Withdrawal

A student requesting to withdrawal is required to provide this completed form to the Office of the Registrar, which will notify the appropriate departments for necessary actions.

Students who request to withdrawal are required to contact the following departments:

Financial Aid financial_aid@kgi.edu | 909.607.8208 **Student Accounts** student_accounts@kgi.edu | 909.607.8589

Student Name _____ Student ID _____

Student Email _____ Program _____

I am requesting to withdrawal effective _____

Reason ☐ Personal ☐ Medical ☐ Military ☐ Financial ☐ Other (Please specify below)

I understand that I must reapply through the readmission process for consideration back into the program.

Student Signature _____ Date _____

Signatures required for leave of absence:

1. Program Director _____ Date _____
Notes _____
2. Financial Aid _____ Date _____
Notes _____
3. Student Accounts _____ Date _____
Notes _____
4. International Student _____ Date _____
Advisor _____
5. Registrar's Office _____ Date _____
Notes _____

Office Use Only

Last Date of Attendance _____ Date Clearinghouse Notified _____ By _____

Checklist to be completed by school departments

- ☐ KGI ID card, white coat, and name badge retrieval; date completed _____
- ☐ KGI ID card deactivated; date completed _____
- ☐ Remove photo from team roster (Student Affairs); date completed _____
- ☐ Remove from email lists and Outlook address list (IT); date completed _____
- ☐ Adjust financial aid (Financial Aid); date notified _____
- ☐ Removal from the mailing list, as well as friends, relatives, etc. (Advancement); date notified _____
- ☐ Contact the Board of Pharmacy regarding the Intern Permit (Experience Education). If applicable, date notified _____

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