



ADLER UNIVERSITY

Request for STUDENT WITHDRAWAL – Vancouver Campus

Name: _____ Date submitted: ____ / ____ / ____

Student ID # _____ Program: _____

My **Last Date of Attendance** will be: ____ / ____ / ____ of the ____ term

Reason for requesting withdrawal: _____

(If more space is required, please add another page.)

Student Signature: _____

APPROVAL OF STUDENT WITHDRAWAL

Program Director

Date approved: ____ / ____ / ____

Thesis/Dissertation/Capstone/Project Advisor (if applicable)

Date approved: ____ / ____ / ____

Director of Training and/or
Manager, Social Justice Programs (if applicable)

Date approved: ____ / ____ / ____

Student Accounts

Date approved: ____ / ____ / ____

Registrar's Office Use Only:

Date received: ____ / ____ / ____

Date processed: ____ / ____ / ____

Registrar's Office Representative (*final signature*)