o (o]v hv]À Œ•]šÇ

STUDENT WITHDRAWAL FORM

To be completed by students requesting to officially withdraw from ALL classes at the university. Be sure to check the Academic Calendar for official withdrawal dates.

DATE: _____

NAME: _____ CU ID# _____

PERMANENT ADDRESS: _____

TELEPHONE (E:) _____ MAJOR: _____

PLEASE CHECK THE GENERAL AREA(S) OF CONCERN:

( ) Medical*	( ) Address Changed	( ) Peer Pressure
( ) Financial	( ) Social Campus Life	( ) Emotional
( ) Academic	( ) Schedule Conflict	( ) Faculty Relations
( ) Career Objective Change	( ) Personal/Family	( ) Other (explain below)

---

*If you are leaving for medical reasons, you may submit documentation to the Student Health Services Department. Please do not provide medical documents to the Office of the Registrar.

Will you return at a later date? ( ) Yes ( ) No

Would you recommend o (o]v hv]À Œ•]šÇ to a relative ( ) Yes or a friend? ( ) No

FORM WILL Y 1 Tf 0 Tc 2.54 0 Td <0h3. 1 Tf 0 Tc 2.5490 1 a