

UoA Withdrawal Permission Form  
(Return form with signatures to the Office of the Registrar)

Semester/Year \_\_\_\_\_

*(Note: Students are required to reapply through the Office of Admissions  
if absent or not enrolled for a semester.)*

Please Print:

Name: \_\_\_\_\_  
Surname First Name Middle Name

UOA ID No.: \_\_\_\_\_ Tel. Phone No.: \_\_\_\_\_

Course: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_

Region: \_\_\_\_\_ Country: \_\_\_\_\_

Do you live in campus housing? Please tick: Yes ( ) No ( )

If yes, write Housing Name and Number \_\_\_\_\_

Are you a recipient of any scholarship? Please tick: Yes ( ) No ( )

As a HESLB financial recipient, I understand that in accordance with regulations, all or a portion of my loans or grants may be removed from my account. In the event funds are removed, I agree to pay any outstanding charges that result from this calculation. According to UOA policy, institutional scholarships and grants may be removed thus creating additional charges for which I am responsible. Furthermore, if there are charges which I have incurred that have not yet posted to my student account, I understand and agree that I am responsible for these charges.

\_\_\_\_\_  
(Student Initial)

Please give your reason for withdrawing. If more space is needed please use the back of this form. Your response will be held in confidence.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: **It is the student's responsibility to have this form signed by the departments listed below.**

DVC - Students Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

DVC—Administration and Finance \_\_\_\_\_ Date: \_\_\_\_\_

Percentage (%) of Refund (if applicable): \_\_\_\_\_

FOR OFFICE USE ONLY:

Effective Withdrawal Date: \_\_\_\_\_

Institutional Refund (% of tuition, if applicable) \_\_\_\_\_

DVC—Administration and Finance Signature: \_\_\_\_\_

Date \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of withdrawal becomes effective upon return of this form to the Office of the Registrar with all required signatures.