## Carnegie Mellon University University Registrar's Office

Phone: 412-268-8186 CMURegistrar@andrew.cmu.edu cmu.edu/hub/registrar/leaves-and-returns/index.html

Complete this form if you intend to leave Carnegie Mellon with no intention to return. Prior to withdrawing from the university, you must contact your academic advisor. **University Withdrawal may jeopardize your financial aid status, contact The HUB for details.** Federal law mandates students on F1 or J1 Visa contact the Office of International Education prior to withdrawal.

## **University Withdrawal**

STUDENT INFORMATION					
Student Andrew ID:			_		
Student Name:					
Permanent Address:	Last/Family,	First and/or Preferr	ed, MI		
Street Address/PO Box, City, State, Zip, Country (if not US)  Current Address:					
	Street Addre		ate, Zip, Country (if not US)		
Telephone #:	Mobile Phone #	:	Personal Ema	ail Address:	
Home College:	Department:		ment:	Class:	
Semester of Withdrawal (check one):	Fall	Spring	Summer-1/All	Summer-2 20 _	
Student's Signature:					Date:
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WITHDRAWAL INFORMATI	ON				
Student's Reasons for Withdrawal (rec	¡uired):				
Date Student Began Withd	rawal Proco	duro:			
Required for All Students	iawai Fioce	dure			
·					
DEPARTMENT INFORMATION	)N & SIGNAT	URES		W Grade(s) Assigned?	Yes No
Advisor:	Siar	nature:		Andrew ID:	
Required for All Students Print Name					<pre>Date: mm/dd/yyyy</pre>
Dept. Head:		nature:		Andrew ID:	_ Date:
Graduate Students Only Print Name		nature:		Andrew ID:	mm/dd/yyyy
Associate Dean:				Alidiew ID.	_ Date: mm/dd/yyyy
DEAN OF STUDENT AFFAIRS					
Comments/Requirements:					
Dean of Student Affairs:			Signature:		Date:
	Print Name		ngriaturer		mm/dd/yyyy