

## REQUEST FOR WITHDRAWAL

- Complete this form if you intend to withdraw from your studies at Westminster Seminary California.
- Withdrawing will affect the status of your student loans. Upon withdrawal you will either begin your six-month
  grace period for student loans or begin repayment in the event that you have consolidated. For further details please
  contact your lender.
- Please submit one copy of the form with *all required signatures* to the Registrar.

Copy to Financial Aid Office if student received student loans.

Address:				
			Apt:	
City:	State:	Zip:	Phone: ()	
Email:		Social Security Number:		
I intend to WITHDRAW	from the degree pro	gram at Westmins	ster Seminary California effective	
<b>Reason</b> for withdrawal:				
Aid Coordinator or you date during a semester, determined by the amou   SIGNATURE AND POLICIE  Please read and sign the following	may complete one o you will need to retu unt of Title IV aid ear ES ng:	nline at www.studern all or a portion rned.	ans. Either schedule an appointment with the Findlentloans.gov. If withdrawing prior to the 60% re of any loan received during that semester as	
status of my student loans. If I have receivoluntarily.	ng from westminster sem ived student loans while en	nrolled, I will complete	ang a teave of absence exceeding 180 days witt affect the reple e the Exit Interview as described above. I make this request	
Applicant			Date	
Dean of Students				
Dean of Students			Date Date	
Dean of Students			Date     Date     Date     Date	
Dean of Students  Library  Business Manager  Financial Aid			Date     Date     Date     Date	