



# Withdrawal from Claremont School of Theology

Office of the Registrar

1325 N. College Avenue, Claremont, CA 91711 • Ph. (909)447-2502/2503 • Fax (909)447-6242/6241 • cstregistrar@cst.edu

All persons wishing to withdraw from the School must use this form to notify the Registrar's Office. Failure to do so may make you liable for tuition. Please check the current class schedule for refund dates. Not attending courses or dropping all courses does not of itself constitute official withdrawal from the School. Students who have withdrawn from the School must be readmitted in order to enroll for future courses.

### STEPS FOR WITHDRAWAL

1. Consult with Academic Dean.
2. Complete form below and schedule Exit Interviews with Business Office and Financial Aid Office.
3. Return all school property such as mailbox keys, library books, and other research materials.

PLEASE PRINT

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Semester/Year of Withdrawal \_\_\_\_\_ Degree Program: \_\_\_\_\_

#### Reason for Withdrawal:

Personal \_\_\_\_\_

Health \_\_\_\_\_

Employment \_\_\_\_\_

Financial \_\_\_\_\_

Academic \_\_\_\_\_

Vocational \_\_\_\_\_

Transfer to another institution

Name of institution: \_\_\_\_\_

Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Future mailing address: \_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### These signatures are to be obtained after completion of exit interviews:

Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

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Received by the Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Signature