

## REQUEST FOR WITHDRAWAL

Per the student's request, the "Request for Withdrawal" form is initiated and submitted by the student to the admissions office.

Start Date : \_\_\_\_\_

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

Program: \_\_\_\_\_

Student Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Do you plan to return to CNU Medical? \_\_\_\_\_

Reason for Withdrawal:

---

---