

Official Withdrawal Form

Use this form to: Withdraw from Phoenix Seminary with no intentions of returning.

NOTE: Withdrawal from the Seminary deactivates the student's file and if he or she desires to return at a future date, the student must reapply with no guarantee of readmission.

Last Name: _____ First Name: _____

Email: _____ Phone Number: _____

Degree Program/Concentration: _____

Reason for request: Medical Personal Military Duty Other

Explain reason below:

Withdrawal request for: Semester: Year:

OFFICE USE ONLY

Effective Date of Withdrawal:

Student Services Advisor: _____ **Date:** _____

Financial Aid Specialist: _____ **Date:** _____

Accounting Specialist: _____ **Date:** _____

Registrar: _____ **Date:** _____

Student's Signature

Date