



# University of Colorado Anschutz Medical Campus

## Official Withdrawal Form

Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

School, College or Program \_\_\_\_\_

Effective Date of Withdrawal \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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### TO BE COMPLETED BY THE SCHOOL, COLLEGE OR PROGRAM

Last Term Completed: \_\_\_\_\_

Is the student currently registered?      Yes      No

Last Date Student Engaged in academic-related activity \_\_\_\_\_  
*(Academic activity includes, but is not limited to: attending a class, submitting a paper, taking a test, or completing an activity in an e-learning system).*

**School, College, or Program Dean, Designee or Program Director to enter his or her name, title, signature, and date on lines below once all of the above information has been entered and send copy of Page 1 to the Registrar’s Office. This form should be sent immediately, either electronically to the program’s Registrar liaison or FAX (303 724-8060), with the original to follow.**

\_\_\_\_\_  
(print name, title here)

\_\_\_\_\_  
Signature (do not sign until the top portion of this withdrawal form is completed)      Date

The Office of the Registrar will withdraw the student from the University upon receipt of Page 1.

**A copy of page 1 and page 2 should be given to the student to obtain signatures from the departments listed on Page 2 for completion and submission to the Registrar’s Office within 24 hours.**

An explanation of the signature process for each department listed is provided.

**Failure of the student to pay current account balances may result in the University turning over accounts for collection.**



# University of Colorado Anschutz Medical Campus

## Official Withdrawal Form - Page 2

**By signing below, departments indicate that the student has paid any balances, or has made satisfactory payment arrangements.**

**PARKING AND TRANSPORTATION**, Bldg 500, First Floor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEALTH SCIENCES BOOKSTORE, (ONLY SODM students must obtain this signature)** Bldg 500, First Floor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEALTH SCIENCES LIBRARY**, Front Service Desk of the Library

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STUDENT HEALTH INSURANCE**, Ed II North – Room 3213

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STUDENT FINANCIAL AID**, Ed II North – Student Services Suite

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BURSAR'S OFFICE**, Ed II North – Student Services Suite

*Students who borrowed institutional loans (e.g. Perkins, Federal Nursing Loans, Title VII, etc.) will be contacted by the Student Debt Management Office if further action is required.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Before turning in both pages of this form to the Registrar to complete your withdrawal, you must turn in your Student ID and RTD College Pass card to the Student Assistance Office, 3101 of Ed II North, Student Services Suite.**

This student's AMC ID / RTD College Pass card was turned in to the Student Assistance Office.

\_\_\_\_\_  
(print name, title, then signature and date)

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**ONCE ALL SIGNATURES HAVE BEEN OBTAINED, PLEASE RETURN THE COMPLETED FORM TO THE REGISTRAR'S OFFICE, EDUCATION II NORTH, 3<sup>RD</sup> FLOOR FOR FINAL CLEARANCE. NOTE: YOUR WITHDRAWAL FROM THE UNIVERSITY WILL NOT BE FINALIZED AND THE STATUS OF ANY STUDENT LOANS/ACCOUNTS CANNOT BE DETERMINED UNTIL THIS PROCESS HAS BEEN COMPLETED.**

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE** \_\_\_\_\_

Registrar Office use only: Processed by: \_\_\_\_\_ Date: \_\_\_\_\_