

Petition to Withdraw

8432 Magnolia Ave, Riverside, CA 92504 (T) 951.343.4566 (F) 951.343.4903 (E) registrar@calbaptist.edu

Personal Information	ı					
Student ID#:	Cell Phone:					
Last Name:	F	irst Name:		Middle:		
Street:			Email Address:			
City:		State:		Zip Code:		
Academic Informatio	n Semester:	Fall 20	☐ Spring 20			
Program Enrollment	Traditional Undergra	duate 🗖 Trac	ditional Graduate	☐ Other:		
Are you a VA recipie	ent?		ıdent? 🗆 Yes 🗆		es 🗆 No	
• Did you attend any c	lasses or chapel meetingsduri	ng the current 4-m	onth semester?	Yes, last date	_ 🛭 No	
		-		,		
Do you plan to return to	CBU? ☐ Yes ☐ Fall 20	)	20 🗖 Summe	er 20		
Reason for Withdraw	(Primary Reason. Check onl	y one.)		For Office U.	se Only	
☐ Financial constraint	☐ Major not offered:		oing poorly academ		=	
☐ Medical	☐ Transferring to:  College/Un  College/Un	Desired	Quality of classroom	-		
☐ Family medical	☐ Personal circumstances	iversity $\Box$	Quality of student ser	vices	n:	
☐ Work schedule ☐ Don't feel like I belong			Other:	Unofficial:	Unofficial:	
be returning to CBU,	$\mathbf{c}$			d, if I have notated that I will not will need to complete the		
Student Signature:				Date:		
For Office Use Only						
Registrar's Office:						
Title IV Received Date:		With		LDA/ R2T4 Date:		
Units Dropped (Refund	): Units Withdrawn (N	o Refund) W / F: _	Transcript &	Enrollment Adjusted by:		
Semesters Dropped:	☐ Fall 20 ☐ Spring 20	_ <b>Summer</b> 20_	Module Cla	usses:	Date	
<b>Financial Aid Office:</b>						
Title IV Aid	□ No Perkins Loan □	Yes □ No R	2T4 Completed?	☐ Yes ☐ No		
Student Accounts Offi				Initials/Date		
Counselor: Initials/Date	CBU Refund Calcula	tion?	No Payment Ar	rangements Completed?   Y	es 🗆 N	
Registrar's Office (Origi	nal)	Student Accounts	☐ Student Success	☐ Financial Aid ☐ A	Athletics	