



Herguan University

WITHDRAWAL FORM

Purpose

Use this form to notify our office that you will be withdrawing from Herguan University before obtaining a degree (not yet graduated). This form requires the signature of your academic advisor. For international students, after withdrawing, you will not have a grace period to remain in the United States. You must depart as soon as possible.

Student Information

Legal Name _____
Last First Middle

Date of Birth: _____ E-Mail: _____
Mm/dd/yyyy

Local Phone #: _____ Student ID: _____ Program: _____

SEVIS ID: N

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When is/was your last quarter or semester of full-time enrollment at HGU?

Spring _____ Summer _____ Fall _____
Year Year Year

Withdrawal Information

Reason for withdrawal _____

Date of withdrawal from HGU _____ Date you are leaving the U.S. _____
Mm/dd/yyyy mm/dd/yyyy

Are you planning on returning to your studies at HGU? Yes No

If yes, what quarter or semester?

Spring _____ Summer _____ Fall _____
Year Year Year

Academic Advisor's Recommendation

I certify that the above named student will be withdrawing from Herguan University and that the information on this form is accurate to the best of my knowledge.

Advisor's name (please print)

Title/position at HGU

Phone number

Signature: _____

Date: _____

Email: registrar@herguanuniversity.edu