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____________________________________________________________________

Date of Birth: __________________________ E-Mail:____________________________________

Mm/dd/yyyy

Local Phone #:________________________ Student ID:_____________ Program:_______________

SEVIS ID: N

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