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

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
email: registrar@herguanuniversity.org