



CLAFLIN UNIVERSITY
ENROLLMENT OFFICE

WITHDRAWAL STATEMENT
(Please print or type)

NAME: _____ **CAMPUS ID NO.** _____

ADDRESS: _____

EFFECTIVE DATE OF WITHDRAWAL: _____

REASON: _____

STUDENT SIGNATURE

_____ DIRECTOR OF FRESHMAN COLLEGE (FRESHMAN ONLY)	_____ DATE
_____ DIRECTOR OF COUNSELING	_____ DATE
_____ SCHOOL DEAN	_____ DATE
_____ DIRECTOR OF RESIDENTIAL LIFE	_____ DATE
_____ LIBRARY (CIRCULATION DESK)	_____ DATE
_____ DEFAULT MANAGER (FINANCIAL AID)	_____ DATE
_____ DIRECTOR OF FINANCIAL AID	_____ DATE
_____ VICE PRESIDENT FOR FISCAL AFFAIRS	_____ DATE
_____ REGISTRAR	_____ DATE