

CLAFLIN UNIVERSITY ENROLLMENT OFFICE

WITHDRAWAL STATEMENT (Please print or type)

NAME:	CAMPUS ID NO.	CAMPUS ID NO.	
ADDRESS:			
EFFECTIVE DATE OF WITHDRAWAL:			
REASON:			
STUDEN	NT SIGNATURE	-	
DIRECTOR OF FRESHMAN COLLEGE (FRE	SHMAN ONLY) DATE		
DIRECTOR OF COUNSELING	DATE		
SCHOOL DEAN	DATE		
DIRECTOR OF RESIDENTIAL LIFE	DAT	E	
LIBRARY (CIRCULATION DESK)	DATE		
DEFAULT MANAGER (FINANCIAL AID)	DATI	E	
DIRECTOR OF FINANCIAL AID		ATE	
VICE PRESIDENT FOR FISCAL AFFAI	RS DA	ГЕ	
REGISTRAR	DAT	E	