|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UoNA Student ID# | | Student’s Full Name (please print) | | | Personal Email | |
| Date of Request | | Name of Current Program and Degree Level | | | Start Date of Current Quarter | |
| Visa/Citizenship Status (select only 1) | | US Citizen  TPR / PR | Visa type (if applicable):  F-1 Visa  H-1 Visa  Other (list type of visa): | | | |
| I am requesting to withdraw from the following course(s): | | | | | | |
| Course Number | Course Name | | | Mode of Delivery  (Check only one) | | Reason for Request |
|  |  | | | On campus  Online | |  |
|  |  | | | On campus  Online | |  |
|  |  | | | On campus  Online | |  |

Please read and sign the following statement before submitting this request to the academic department:

*By signing below, I acknowledge my understanding of the impact of my withdrawing from a course(s) on my academic progress, visa status and I-20 authorization, including eligibility to continue CPT employment. I have discussed any concerns with an academic administrator and the International Student Office (ISO) if applicable.*

Student’s Signature:

Completed and signed form should be submitted to an academic department administrator for approval.