

LIFEUNIVERSITY

555 W. REDONDO BEACH BLVD.
GARDENA, CA 90248
(310) 756-0001
LIFEUNIVERSITYUS.ORG

STUDENT WITHDRAWAL REQUEST

STUDENT INFORMATION

Name (Last, First): _____ Program: _____

Student ID: _____

Address: _____

Home Phone Number: (____) ____-____ Cell Phone Number: (____) ____-____

Email Address: _____

WITHDRAWAL INFORMATION

Registered Quarter: Fall Winter Spring Summer Year: _____

Last Date of Attended Class: _____

Reasons for Withdrawal (please explain):

Financial: _____

Medical: _____

Transfer: _____

Personal: _____

Other: _____

I elect to withdrawal from Life University with the understanding of the following:

I am withdrawing from all of my credit courses.

I understand that even though I am withdrawing from Life University, I am responsible for all outstanding financial obligations to the university.

Non-attendance does not constitute official withdrawal, nor does it relieve me of my financial obligations.

All courses withdrawn after the sixth week will be assigned a grade of failing withdrawal (WF), unless reasons for withdrawing are accepted by the Dean of the school, at which time the course will be assigned a grade of WP.

Students who do not officially withdraw will automatically receive a grade of "F" and not be entitled to any refund.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____