



**EASTERN UNIVERSITY  
CAMPOLO COLLEGE OF GRADUATE  
& PROFESSIONAL STUDIES**

**REQUEST TO WITHDRAW**

*Ability to withdraw is contingent upon school policy. For information on time frame for withdrawing and charges related to withdrawing, please refer to the Student Guidelines. Any change in registration can affect Financial Aid eligibility. You will want to contact the Financial Aid Department if applicable.*

*You will receive a confirmation of receipt from the Registration Coordinator within 3-5 business days of receiving this form. If you need immediate assistance, contact the Registration Coordinator at (610) 341-1391.*

Name: \_\_\_\_\_ ID or SS# \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course/s: \_\_\_\_\_

Reason: \_\_\_\_\_

How many sessions have you attended/ participated in? \_\_\_\_\_

Is your instructor aware of your plans to withdraw? \_\_\_\_\_

Is your Academic Advisor aware of your plans to withdraw? \_\_\_\_\_

Are you withdrawing from the program? \_\_\_\_\_

If you plan to return, what is your time frame? \_\_\_\_\_

Do you have any other questions or concerns?

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to Registration Coordinator Fax: (610) 341-1468**