

Today's Date: _____

**EASTERN UNIVERSITY
DOCTORAL STUDENT EXIT NOTIFICATION**

Complete and submit to the Office of the Registrar, St. Davids, PA 19087. Fax 610-341-1707.

1. Student information:

Full Name: _____ ID Number or SSN: _____

Address: _____ City _____ State/Zip _____

Email: _____ Phone Number: _____

2. What is the effective semester or session of the exit?

Fall Spring Summer Academic year: _____

3. What type of exit is occurring?

- Inactive - Has not registered in the past twelve months and did not formally withdraw. **NR**
- Removal of Registration - New Student did not participate in academic activities. **NM**
- Early Exit - Participated in academic activities and this exit is within the refund period. **EE**
- Withdrawal - Participated in academic activities and decided to withdraw after the refund period. **VW**
- Discontinue program - Completed the semester and decided to withdraw. **VW**
- Interrupt enrollment - Completed the semester and plans to return to complete the program later. **VW**
Expected date of return _____ Revised date of completion _____

4. What is the effective date of the exit?

Date Student Last Date of Academic Activity (if known) _____

Date Student Began the Formal Withdrawal Process (normally today's date) _____

5. Is a tuition or fee adjustment requested because of this change?

- Yes, supporting documentation is attached.
- No.

6. What is the student's reason for leaving the doctoral program?

Student's Signature: _____ Date: _____

For Registrar's Use		
Academic Status after Change: _____	Effective Date of Change: _____	Refund _____

Registrar's Signature: _____ Date: _____

Copies distributed to Student, Program Director, Office of Student Accounts, Office of Financial Aid