BAU
Bay Atlantic University

Be an Innovator,
Be a Leader,
At BAU!

Institutional Withdrawal Request

Student Name: _____
LAST FIRST MIDDLE

Phone: _____ **e-Mail:** _____ **Student ID#:** _____

Program of Study: _____

Please Indicate the Reason for Withdrawal:

- ☐ Work Load
- ☐ Illness
- ☐ Financial Difficulties
- ☐ Other (Please Explain) _____

This form constitutes an official written notice for the purpose to withdraw from Bay Atlantic University Washington D.C. The official withdrawal date, for the purpose of a refund calculation, will be taken from the date the written notice is received by BAU.

I have read the academic catalog and understood the terms and conditions of intuitional withdrawal policy.

Student e-Signature Date

Student's Responsibility to Obtain Signatures from offices listed below

Finance Office: _____ **Student Services:** _____ **Academic Office:** _____

Library: _____ **Registrar:** _____ **DSO:** _____