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 institutional 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: ___________________________