Transfer Out Form

Student Name: ___________________________ LAST FIRST MIDDLE

Phone: ___________________________ e-Mail: ___________________________ Student ID#: ___________________________

Program of Study: ___________________________

Which Year / Semester did you Start to Study at BAU? ___________________________

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 ___________________________