BAU
Bay Atlantic University

Be an Innovator,
Be a Leader,
At BAU!

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