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
☐ Transferring to another school/university
☐ Other (Please Explain) __________________________________________

This form constitutes an official written notice for the purpose of withdrawing 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 Signature ___________________________ Date __________

Bursar Signature ___________________________ Date __________

Student Housing Signature ___________________________ Date __________

Registrar Signature ___________________________ Date __________