



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 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 intuitional withdrawal policy.

Student Signature

Date

Bursar Signature

Date

Student Housing Signature

Date

Registrar Signature

Date