

Request for Voluntary Academic Withdrawal



Washington University of Virginia

Name _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<small>Last Family Name</small>	<small>First Given Name</small>			
DOB (mm/dd/yy) _____	Year of Admission _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring-Flex	<input type="checkbox"/> Summer
		<input type="checkbox"/> Fall	<input type="checkbox"/> Fall-Flex	<input type="checkbox"/> Winter
<input type="checkbox"/> Degree Program		<input type="checkbox"/> Non-Degree Program		
<input type="checkbox"/> ESL	<input type="checkbox"/> Undergraduate _____	<input type="checkbox"/> Graduate _____	<input type="checkbox"/> Doctor _____	
Student ID No. _____	Contact Phone Number _____			
Reason(s) for request	_____			

Document	_____			

I hereby request voluntary academic withdrawal from the Washington University of Virginia.

Approval

Applicant: _____ Date _____
Signature

Registrar: _____ Date _____
Signature

International Office: _____ Date _____
Signature

Received by:

Date: