Colorado
University of Colorado at Boulder

Office of the Registrar – Spring 2010 Withdrawal Form

Complete this form to withdraw from Boulder main campus only

Last

First **Middle** **SID**

Permanent Address _____
Street City State Zip Code

Phone (_____) _____ - _____

College or School: (circle one) **Arts & Sciences** **Architecture & Planning** **Business** **Education** **Engineering** **Music**

Major: _____ **Class:** (circle one) **FR SO JR SR GR** **Journalism** **Graduate** **Law** **MBA**

International Advisor's Signature _____ **Date** _____
(Required if you are an international student – go to the ISSS office in ENVD 1B45 for this required signature)

Dean's Signature _____ **Date**_____
Students in the colleges / schools of Architecture, Education, Journalism, Law and the MBA program require a dean's signature to withdraw **after 5 PM January 27.** Engineering and Music students require a dean's signature **after 5 PM February 24** to withdraw**.** Arts & Sciences, Business and Graduate School students may withdraw without a dean's signature up to **April 30 at 5:00 PM**, the last day of classes.

NOTE: If you are withdrawing between January 27 after 5 PM and February 24 before 5 PM you must complete the petition on the other side of this form and provide a reason for your withdraw to receive a tuition refund.

I have read the *Office of the Registrar Spring 2010 Withdrawal Information* sheet and obtained the appropriate signatures where required. I would like to formally request a withdraw from the university beginning with the Spring 2010 semester. I realize that I will also be withdrawn from all main campus Summer or Fall 2010 classes unless I simultaneously apply and qualify for the Time Out Program.

Student's Signature _____ **Date** _____

Reason for Withdraw _____

Will you be returning to CU-Boulder in the near future? Yes_____ No_____ If yes, ask about the Time Out Program

Registration Assistant's Signature _____ **Date** _____

RETURN THIS FORM TO:

University of Colorado at Boulder, Office of the Registrar, 20 UCB, Boulder CO 80309-0020

Office Use Only: Rebate _____ Date Entered on SIS _____ Initials _____