



**Office of the Registrar
California Miramar University**

9750 Miramar Road, Ste. 180
San Diego, CA 92596
858-653-3000 ext. 170
858-653-6786 fax

03/07

**OFFICIAL
WITHDRAWAL/LEAVE
OF ABSENCE FORM
FROM ACADEMIC
DEGREE PROGRAM**

Date: _____

Official Withdrawal means withdrawing from the academic program in which you are currently enrolled. Please fill out all the requested information and return it to the Office of the Registrar as soon as possible. **The date that this form was faxed or postmarked will become the official withdrawal date.**

Student's Name: _____

Social Security No.: _____ Student ID #: _____

Academic Degree Program: _____

Address: _____

City, State, Zip Code and Country: _____

Is this a permanent withdrawal from California Miramar University? YES NO

If no, you are requesting a leave of absence, for how long? _____ 60 days _____ 90 days

With my signature at the bottom of this form, I also authorize California Miramar University to discuss anything related to my withdrawal, tuition due or possible refund with the following persons:

REASON FOR WITHDRAWAL

Please check all reasons for which you are withdrawing and give a brief description:

_____ Illness/Emergency: _____

_____ Financial Reasons: _____

_____ Work Demands: _____

_____ Family Demands: _____

_____ Personal Reasons: _____

_____ Academic Reasons: _____

_____ Transferring (Please specify institution): _____

_____ Other: _____

I understand that I am responsible for all tuition and fees owed to California Miramar University; that withdrawal from the Degree Program after the first eight days of being enrolled and the 100% refund deadline does not remove me from this financial liability. I understand that the official date of withdrawal is the date this form is ***faxed or postmarked*** to the University. I also understand that I will receive a form stating my possible refund from the University, or final amount due to the University and that no transcripts will be released until all tuition is paid to California Miramar University.

STUDENT SIGNATURE

DATE