

Withdrawal Form

Name _____	Host UC _____
UC Student ID Number _____	Date of Birth _____
Home University _____	
Phone _____	Email _____

I am presently attending Fall _____ Winter _____ Spring _____ (check one)	
I am leaving _____ (date)	
I will complete (check one)	I will not attend next term (check one)
_____ fall	_____ fall
_____ winter	_____ winter
_____ spring	_____ spring
or	
_____ I must return home immediately	

1. I have contacted the international office at my home university and have been informed of any academic or financial penalties to which I may be subject because of my decision to withdraw from the UC Education Abroad Program.  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. I have arranged to leave my on-campus or off-campus housing and understand all associated fees that must be paid.  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. I have paid all fees on my UC student billing account (i.e., health insurance, late fees, tech and materials fees, etc.).  
YES \_\_\_\_\_ NO \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

UCEAP Advisor Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

International Office Advisor Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Please explain why you must withdraw from participation in the Program. Add your comments below.