



WITHDRAWAL REQUEST FORM

STUDENT INFORMATION

Student Name: _____

Student ID Number: _____ (As appears on ID card)

Current Enrollment: _____ (Program- Semester)

Address: _____

City, State, Zip: _____ Country: _____

Contact number: _____

REQUEST INFORMATION

I hereby apply to withdraw from St. Martinus University as a student and request a refund of tuition and fees, if applicable, as established by the administrative rule process.

(Please note that Tuition and fee refunds are based on a refund schedule established by St. Martinus University.)

My reason for withdrawal is: _____

Do you plan to return to St. Martinus University? ☐ Yes ☐ No

If yes, when do you plan to return? _____ Term _____ Year

Do you currently live in St. Martinus University Dormitories?

If yes, please provide the last date of occupying the room: ____/____/____

APPROVAL SIGNATURES

Student _____

Date _____

Dean/Associate Dean _____

Date _____

(Please fill this form and return it to the Registrar's office)