



# UNIVERSITY OF ST. AUGUSTINE

## FOR HEALTH SCIENCES

### Program Withdrawal Form

Steps to withdraw from the University of St. Augustine for Health Sciences:

1. Student obtains a Program Withdrawal Form from the Student Portal.
2. Student fills out form in its entirety, signs form and emails to Advisor for signature.  
\*Either hard or Adobe digital signature is required - [How To Create Adobe Signature](#)
3. Advisor emails form to Program Director.
4. Program Director signs and sends form to [registrar@usa.edu](mailto:registrar@usa.edu) for processing.
5. Registrar updates the student's file in the database.
6. Registrar notifies Bursar, Financial Aid, Library, & Clinical Services & Student Services/Academic Advisor.
7. Registrar sends notification to student confirming Program Withdrawal.

Full Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Program: \_\_\_\_\_ Campus: \_\_\_\_\_ or  Distance Education

Last Date in Class: \_\_\_\_\_ Request date: \_\_\_\_\_

Permanent Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Enter reason for withdrawal code: \_\_\_\_\_ (Fill in reason code from below. CHOOSE ONE)

Code	Description	Code	Description
<b>F</b>	Financial	<b>MF</b>	Family health issues or obligations
<b>J</b>	Career (job change/increased workload/employed before graduating)	<b>P</b>	Personal not related to health
<b>M</b>	Moving/relocation	<b>T</b>	Transfer to another institution of higher education
<b>ME</b>	Personal health issues	<b>WA</b>	Military Assignment
<b>NG</b>	Other (please specify): _____		

*I acknowledge that my withdrawal from the University will affect my financial aid and/or loans and I may be liable for tuition owed as a result of the return to financial aid/loans funds.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date