

# Lincoln University



## WITHDRAWAL FORM

STUDENT'S NAME

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

@lincolnucsf.edu

TELEPHONE NUMBER

E-MAIL ADDRESS

PROGRAM & CONCENTRATION

### 1. PLEASE SIGN YOUR NAME BELOW.

I hereby withdraw from:

this academic term only (Fall, Spring, Summer, 20\_\_\_\_)

the University permanently

(Student's Signature / Print Name

Date

### 2. PLEASE SUBMIT THIS FORM TO THE ADMISSIONS AND RECORDS OFFICE.

**Note:** The University's refund policy will be applied to this withdrawal procedure. Please see the University's academic catalog and your enrollment agreement for details. If you have registered for the current academic term, you are required to pay a withdrawal processing fee of \$95.00 (nonrefundable) to the Accounting Office of the University.

THE UNIVERSITY USE ONLY

COMMENTS / REMARKS:

RECEIVED BY THE ADMISSIONS AND RECORDS OFFICE

Signature / Print Name

401 Fifteenth Street, Oakland, California 94612

Telephone (510) 628-8010

Fax (510) 628-8012

**LINCOLN UNIVERSITY**  
**Notice of Cancellation\***

Date	Registration No.	ID	Last name	First name

Current Program or Academic Status:  DBA  MS  MBA  BA  BS  AS  UT  IAEP  Auditor

Status:  U.S.  International Student    Financial Aid:  No  Yes    If yes, please provide SSN: \_\_\_\_\_

Are you withdrawing from this academic term only or from the University permanently?

For this academic term (Fall, Spring, Summer, 20\_\_ ) only     From the University permanently

Please mention all the course(s) you intend to cancel below.

Course No.	Course Title	Units	Instructor's Remarks

\_\_\_\_\_  
Student's Signature /Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepted - Director of Admissions and Records

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS AREA**

**Admissions and Records Office:** Comments: \_\_\_\_\_

**Accounting Office:**

Withdrawal Processing Fee: <b>\$95.00</b> Other fees: \$ _____ Total Amount: \$ _____	Amount paid: \$ _____ Receipt No. : _____ Calculated By: _____ Date: _____
---	--

\* Student is required to pay the necessary fees.

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO ADMISSIONS AND RECORDS OFFICE**