

Lincoln University



WITHDRAWAL FORM

Ref: AO/WF

STUDENT'S NAME		I.D. NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS	
PROGRAM & CONCENTRATION			

@lincolnucsf.edu

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
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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: \$95.00 Other fees: \$ _____ Total Amount: \$ _____	Amount paid: \$ _____ Receipt No. : _____ Calculated By: _____ Date: _____
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* Student is required to pay the necessary fees.

Received By: _____ Date Received: _____

PLEASE RETURN THIS FORM TO ADMISSIONS AND RECORDS OFFICE