

**LINCOLN UNIVERSITY**  
401 FIFTEENTH STREET, OAKLAND, CA 94612  
phone: (510) 628-8010 fax: (510) 628-8012

**WITHDRAWAL FORM**

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<b>STUDENT'S NAME</b>	<b>I.D. NUMBER</b>		
<hr/>			
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<hr/>			
			@lincolnucsf.edu
<b>TELEPHONE NUMBER</b>		<b>E-MAIL ADDRESS</b>	

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**PROGRAM & CONCENTRATION**

**1. PLEASE SIGN YOUR NAME BELOW.**

**I hereby withdraw from:**

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

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(Student's Signature and 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.

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**THE UNIVERSITY USE ONLY**

**COMMENTS / REMARKS:**

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**RECEIVED BY THE ADMISSIONS AND RECORDS OFFICE**

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(Signature and Date)