



Last Name: _____ First Name: _____ MI: _____

CWID: _____ Personal email: _____

Program(s) Currently Enrolled: _____

I request that this withdraw be effective for the following semester:

Fall Spring Summer _____
Year

My request occurs before the drop/add period of the semester I am requesting to withdraw:

Yes No

Initials: _____ I understand that I will lose access to Lesesne Gateway and my Citadel email.

Initials: _____ I understand that if I withdraw after the add/drop date, I will be responsible for any charges up to that point and I will contact the Student Business Services about them.

Initials: _____ I understand that I will have to apply for readmission if I want to come back to the same program or contact Citadel College Graduate if I want to apply for a different program.

Student Signature

Date

Program Coordinator/Department Head

Date

Office Use Only

Recorded to Banner: _____
Initials

Date