



THE CITADEL

Office of the Registrar  
**Program Withdrawal Request**  
*College Transfer Program and Graduate Students*

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 my.citadel.edu (Citadel Portal) 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 you want to apply for a different program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator/Department Head

\_\_\_\_\_  
Date

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**Office Use Only**

Recorded to Banner: \_\_\_\_\_  
Initials

\_\_\_\_\_  
Date