

Chaminade University of Honolulu Withdrawal Form

Date: _____

Name: _____ SSN: _____

Term Leaving: _____ Phone: _____

Forwarding Address: _____

Reason(s) for Withdrawal: _____

Plan to Re-Enroll at Chaminade? Yes [] No []

If Yes, when? _____

Please obtain signature clearance from each department listed below.

Dean of Students: _____ Date: _____

DOS Emergency Loan: _____ Date: _____

Residential Life Director: _____ Date: _____

Business Office: _____ Date: _____

Perkins Loan-Bus. Office: _____ Date: _____

Financial Aid Advisor: _____ Date: _____

Security: _____ Date: _____

Library: _____ Date: _____

Advising: _____ Date: _____

Bookstore: _____ Date: _____

Athletics Director: _____ Date: _____

Registrar: _____ Date: _____

Submit Completed Form to Office of the Dean of Students