



PACIFICA
GRADUATE INSTITUTE

Request to Withdraw from a Pacifica Degree Program

STUDENT INFORMATION

Student Name:		Current Address:	
Student ID:		Program/Track:	
Telephone:		Email:	

WITHDRAWAL INFORMATION

Please check your intention below. By checking and signing this form, you acknowledge review of Pacifica's withdrawal policy as outlined in the Student Handbook.

- ☐ I am requesting to officially withdraw from the graduate degree program listed above and do not plan to return to Pacifica at the present time (if you wish to explore re-entering your degree program in the future, please refer to Pacifica's readmission policy in the Student Handbook).
- ☐ I am requesting to officially withdraw from the graduate degree program listed above but plan to apply to another program at Pacifica. If so, list program:

If you are currently enrolled, do you wish to complete your current classes and withdraw at the end of the quarter?

- ☐ Yes, I plan to complete my current courses prior to withdrawing. ☐ No, I want to withdraw immediately.

Note:

- Your withdrawal is effective the date the Registrar's Office receives your signed withdrawal form, unless you indicate above that you intend to complete your current quarter classes. This effective date is used to determine refundable tuition and fees if applicable, and impacts whether you are dropped or withdrawn from your classes. The full withdrawal policy can be found in the Student Handbook.
- Students are encouraged to discuss their decision with their program Chair. Check the box below, if yes:
☐ I have discussed my intent to withdraw with the program chair.

Reason for Withdrawal (*Please be as specific as possible. Use second page if additional room is needed*):

After filling out the above information, please sign and date the form and submit your form directly to the Registrar's Office at Registrar@pacific.edu or fax to 805.565.3804. Your form is considered effective the date the Registrar's Office receives your form.

Student Signature: _____ **Date:** _____

Registrar Signature: _____ **Date:** _____

Financial Aid Signature: _____ **Date:** _____

Student Accounts Signature: _____ **Date:** _____

For Office Use Only:

Withdrawal Date: _____ **Separation Date:** _____ **D2L:** _____ **GS:** _____ **DO:** _____

Year/Term & Courses: _____
(deleted, dropped, "W" grade posted)

Year/Term & Courses: _____
(deleted, dropped, "W" grade posted)

Email Faculty: _____

Additional Page to Continue Reason for Withdrawal (optional)