



MORAVIAN GRADUATE

Notice of Withdrawal from Academic Program

To be completed and returned by degree or certificate candidates only

Date: _____

Name: _____ Student ID: _____

Address: _____
City State Zip Code

Do you receive Financial Aid? Yes * No

***If yes, if you have applied for or are currently receiving financial aid, you are responsible for notifying the Financial Aid Office that you are withdrawing from your academic program. The Financial Aid Office may be reached at 610-861-1330 or finaid@moravian.edu.**

I wish to withdraw from my program of study at Moravian College for the following reason(s):

- Your program of study:
- P Professional Certificate Candidate Major _____
 - Teacher Certificate Candidate Certificate _____
 - Graduate Business Degree Candidate
 - MEd/MSAT/MSOT/MS-SLP Degree Candidate
 - MS Nursing Degree Candidate
 - DAT/DPT Degree Candidate

This withdrawal notice is effective at the end of the Fall or Spring 20____ semester.

Student's Signature

Dean's Signature Withdrawn by College

Office Use Only

Date and initial: TE# _____

(D) _____ (C) _____ - (D) Original to Registrar's Office ____/____/____

Advisor CC ____/____/____, F.A. CC ____/____/____, Student CC ____/____/____, CGS CC ____/____/____