

Attn: Registrar's Office 2211 College View Drive Redding, CA 96003 Phone: (530) 226-4111 Fax: (530) 226-4870

## Office of the Registrar Graduate Program Withdrawal Notification & Checkout

I.D.#		Date			
Last Name	First N	First Name		Middle Initial	
Home Phone Number: (_	)	Cell ()			
Forwarding Address	Street	City	<u>0</u> 4-4-	Zip Code	
			State		
Program (Circle One):	Counseling Psychology		A.W. Tozer S	Seminary	
	Organizational Leadership				
Date of Withdrawal		Last date you attended class	ses		
Primary Reason for With	drawal:				
Do you plan to return to *Note: If you plan to be Are you in the process of When are you withdrawin	Expe Simpson?*	College Name ected date of entrance If yes, when? rs, your Simpson email account w es for which you need Moodle	vill remain active. e access?		
□ <u>End of term/Between</u>	terms: You will be dropped	from courses in any future ter	ms.		
Signature		Date			
	he initials of each depar fter 1 through 3 have bee	rtment listed below. The en signed off.	e Registrar's Off	ice	
<ol> <li>School of Education/S</li> <li>Student Financial Ser</li> <li>VA Certifying Officia</li> <li>Registrar's Office</li> </ol>		nal Studies/Tozer Seminary			