



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**

STEP 1 - Please complete the top portion of this form and proceed to Step 2.

I.D.# _____ Date _____

Last Name _____ First Name _____ Middle Initial _____

Home Phone Number: (____) _____ Cell (____) _____

Forwarding Address _____
Street City State Zip Code

Program (Circle One): Counseling Psychology School of Education A.W. Tozer Seminary
Organizational Leadership

Date of Withdrawal _____ Last date you attended classes _____

Primary Reason for Withdrawal: _____

Are you withdrawing due to receiving a notice of deployment (attach copy of current orders)? ☐ yes ☐ no

Will you attend another college? ☐ yes ☐ no College Name _____

Expected date of entrance _____

Do you plan to return to Simpson?* ☐ Yes ☐ No If yes, when? _____

*Note: If you plan to be away for three or fewer semesters, your Simpson email account will remain active.

Are you in the process of completing incomplete classes for which you need Canvas access? ☐ Yes ☐ No

When are you withdrawing?

☐ **Mid-semester (Immediate):** You will be withdrawn from current and future term courses.

☐ **End of term/Between terms:** You will be dropped from courses in any future terms.

Signature _____

Date _____

STEP 2 - Secure the initials of each department listed below. The Registrar's Office accepts this form after 1 through 3 have been signed off.

1. School of Education/School of Graduate Professional Studies/Tozer Seminary _____
2. Student Financial Services _____
3. VA Certifying Official (if applicable) _____
4. Registrar's Office _____