

**EDUCATION ABROAD PROGRAM RECIPROCITY STUDENT
WITHDRAWAL FORM**

NAME: _____ UC _____
Student UC Identification Number: _____ Birth date: _____
Home University: _____
Forwarding address: _____

Phone: _____ Fax: _____
E-Mail: _____

I am presently attending _____ Fall _____ Winter _____ Spring 20 _____ (Check one)
I am leaving _____ (date)
I will complete (check one) I will not attend next term (check one)
_____ Fall _____ Fall
_____ Winter _____ Winter
_____ Spring _____ Spring
or
_____ I must return home immediately

1. I have contacted a liaison officer/academic advisor at my home institution and have been informed of any academic or financial penalties that I will be subject to as a result of my decision to withdraw from participation in the Education Abroad Program.

YES _____ NO _____

2. I have notified the UC Registrar's office of my intent to withdraw from the University of California and have completed all necessary requirements for withdrawal imposed by that office. (Please insure your forwarding address is on file with that office.)

YES _____ NO _____

3. I have made arrangements to pay all campus housing, telephone, library or campus miscellaneous bills due.

YES _____ NO _____

4. Please explain why you must withdraw from participation in the program. Use back of page or attach copy of the withdrawal letter sent to your home institution.

Student Signature: _____ Date: _____

EAP Counselor Signature: _____ Date: _____

International Student Advisor: _____ Date: _____