

## **Policy Appendix**

Request to Permanently Withdraw from Degree Program Page 1 of 1

□ Mr.			
☐ Ms.			
Last Name		First	Middle
Street Address	City	State	Zip Code
Home Phone	Cell Phone		Email
Instructions:			
from your requested degr	ee program on the date gree program in the futu	indicated. You are acknow	e Registrar permanently withdraw you wledging that should you decide to for reinstatement and pay the
I hereby request to perma the date indicated below.	=	my degree program at Pla	tt College effective immediately on
Program in which you are	enrolled at Platt College	):	
Last date of attendance:			
Reason:			
Student Signature			Date
Student Signature:			Date:
Signature of Bogistrary			Data