



Touro University - California

Office of the Registrar

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**REQUEST FOR WITHDRAWAL
OR TRANSFER**

- College of Osteopathic Medicine
 College of Pharmacy
 College of Education
 College of Health Sciences:
 Joint PA/PH Program
 PH Program

- Withdrawal
 Transfer

Personal Information

Name _____ Class of _____ Student ID # _____
(Required)

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail _____

Reason for Withdrawal/Transfer: _____

Last Date of Attendance: _____

For Transfer Requests:

Please forward a copy of my transcript and a letter of good standing to the following institution:

College/Program _____

Mailing Address _____

City _____ State _____ Zip _____

For Office Use Only:
Date Completed: _____
Processed By: _____

Students must obtain the necessary signatures **PRIOR** to leaving campus.
 Signatures should be obtained in the following order:
 (1) Associate Dean of Students (2) Dean/Program Director (3) Bursar (4) Financial Aid Director.

 Assoc. Dean of Students Date
 Student in Good Standing Y ___ N ___

 Dean/Program Director Date
 Student in Good Standing Y ___ N ___

 Bursar Date
 Student in Good Standing Y ___ N ___

 Financial Aid Director Date
 Student in Good Standing Y ___ N ___

I acknowledge that should I choose to withdraw from a college/program and wish to re-enter at a later date, I must reapply for admission and, if accepted, assume the status of a new student. The official withdrawal date posted to a transcript is the date this completed form is approved by the dean/program director.

Student Signature _____ Date _____

REGISTRAR'S CERTIFICATION

Date completed form received _____

Registrar's Signature _____ Date _____

For Office Use Only:

Information Updated in: Transcript Status Database Personal File Class Roster Student Directory Grade Reports

Information Released to: College/Program Bursar Financial Aid MIS Library