

WITHDRAWAL FORM

In order to withdraw from Xavier University, please complete the enclosed form.

Please note that you must have authorization from your International Student Advisor to withdraw from Xavier. In addition, once your withdrawal is processed you will have 15 days to leave the United States.

If you have any questions, please contact your International Student Advisor at <u>international@xavier.edu</u>, or via phone, at (513) 745-2864.

When ready, please submit all paperwork to:

International Student Advisor Center for International Education Xavier University Gallagher Student Center, Room 230 3800 Victory Parkway Cincinnati, OH 45207-2171

Fax: (513) 745-2876 Email: <u>international@xavier.edu</u>



WITHDRAWAL FORM

Part I: To Be Completed By Student		
Name:		
Student ID:		
E-mail:		
Phone:		
Current Term:	(i.e. Spring 2010, Fall 2011, etc	.)
Reason for Withdrawing:		
Student's Signature:	Date:	(MM/DD/YYYY)
Part II: To Be Completed By The Academic Ad	lvisor	
Academic Advisor's Signature:		
Academic Advisor's Name:		
Date:	(MM/DD/YYYY)	
	FOR CIE OFFICE USE ONLY	
Received by:	_	
Date:	_	