NOTICE OF WITHDRAWAL

1. Read and complete the entire form.

Received by: ___

| 2. Return to FST's Office of Academic Affairs. | |
|--|--|
| STUDENT NAME: | |
| DEGREE PROGRAM: | SEMESTER/YEAR BEGUN: ☐ Fall ☐ Spring 20 |
| Academic Affairs. A student wl apply for readmission, unless a | date that the completed form is received by the Office of hose enrollment is interrupted for one or more semesters must current and approved Leave of Absence Request is on file. If or the tuition refund schedule and the deadline for withdrawal |
| • | FST in the near future , you should request a Leave of Absence less. In this case, you will need to complete the Leave of |
| I would like to request a withdr | rawal from the Franciscan School of Theology in: |
| SEMESTER/YEAR ☐ Fall ☐ Sp | oring 20 |
| Reasons(s) for withdrawal: | |
| | |
| ☐ By checking this box and signed and that I understand the | gning below, I,, verify that I hav above information. |
| Student Signature: | Date: |
| For Office Use: | |

Date: _____