Withdrawal Fom



University of DenverID#	
☐ GRADUATE ☐ UNDERGRADUATE	
Name:	
Last	First
Phone Number ()	Email Address
Term of withdrawal:	Year:
Reason for leaving DU (please of	check onl <u>yone</u> box below)
□AcademicReasons	☐Social Reasons
☐Affordability	☐Permanent Disability

 $\ \, \text{University Hall.} \ | \ \, \text{2197 S. University Blvd.} \ | \ \, \text{Denver, CO 80023-9405} \ | \ \, \text{303-871-4095} \ | \ \, \text{Fax 303-871-4300} \ | \ \, \text{www.du.edu/registrar} \ | \ \, \text{CO 80023-9405} \ | \ \, \text{CO$