

# Withdrawal Form



University of Denver ID#

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GRADUATE

UNDERGRADUATE

Name: \_\_\_\_\_  
Last First

Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Term of withdrawal: \_\_\_\_\_ Year: \_\_\_\_\_

Reason for leaving DU (please check only one box below)

Academic Reasons

Social Reasons

Affordability

Permanent Disability