



GEORGIA CENTRAL UNIVERSITY

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OFFICIAL WITHDRAWAL REQUEST

Student should fill out, get signatures from each department and submit it to the Office of Academic Affairs

Name: _____ (Last), Gender: Female _____ / Male _____
(First)

Degree Program: _____ Academic Year: _____, _____

SEVIS I-20 #: _____ (Only for International Students)

Date of Birth: ____/____/____ Phone Number: _____

Legal Representative's Name and Contact Number (if any):

Reasons for Withdrawal (Applicant Should Submit Appropriate Documentations if Requested)

Please state the reason as clearly as possible

Georgia Central University acknowledges that GCU is not liable for any outcomes of status termination based on this application, and any legal actions taken against the applicant should be resolved solely by applicant or his/her legal representatives.

Signature: _____ Date: _____

Office Use Only

<i>Dean</i>	<i>Student Affairs</i>	<i>Library</i>	<i>Financial Aid/Business Affairs</i>	<i>Academic Affairs</i>

Authorized Official's Name & Title: _____

Date Processed: _____ Signature: _____

Remark: