



# GEORGIA CHRISTIAN 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: \_\_\_\_\_ Gender: Female \_\_\_\_ / Male \_\_\_\_  
(Last), (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 Christian 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: \_\_\_\_\_

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**Office Use Only**

Dean	Student Affairs	Library	Financial Aid/Business Affairs	Academic Affairs

Authorized Official's Name & Title: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Signature: \_\_\_\_\_

Remark: