VINUNIVERSITY

Office of University Registrar

FRM08. DEFER/ WITHDRAW FORM

INSTRUCTIONS

Review the Leave of Absence/Withdrawal information on Academic Regulations and provide your signature acknowledging that you have read and understood the information provided. Your withdrawal for the semester is not official until this form is complete and signed. We recommend that you notify your academic advisor of your withdrawal. It is your responsibility to seek clearance from any office having an impact on your financial obligation to the University (includes: Scholarship/Financial Aid Office, Finance-Accounting Department, Student Affairs Management Office, etc).

Please complete the following:

Name: Student ID#:

Email: Telephone:

Admitted Academic Program/ College:

Date you last attended classes:

WITHDRAWAL REQUESTED

I intend to (initial one choice):

☐ [**Defer**] Cancel classes for the upcoming semester. This option is only used when classes have not yet begun.

☐ [**Defer**] Temporary withdraw from the current semester. I understand that I will be withdrawn from all classes in the current semester. All classes I am currently enrolled in for future semesters will NOT be canceled.

☐ [**Withdraw**] I understand that I will be withdrawn from classes in the current semester, any classes I am currently enrolled in for future semesters will be canceled, and my record will be inactive.

Effective with the (choose one):

☐ Fall ☐ Spring ☐ Summer Session ☐ Year:

2. Do you plan to return to VinUniversity? ☐ Yes ☐ No

If so, when? Anticipated semester of return *(please submit renewals at least one month before your withdrawal expires)*

☐ Fall ☐ Spring ☐ Summer Session ☐ Year:

3. Please provide the reason for your withdrawal or separation from the University request *(Please include detailed information regarding the reason(s) you wish to withdraw. Please use additional pages if necessary.*

☐ Financial ☐ Family
☐ Medical ☐ Not Academically Prepared
☐ Military Deployment ☐ Transfer to another institution - Name:

Dissatisfaction with VinUniversity (if any – please explain):

Others (please specify):

If you are requesting a leave due to medical reasons, please attach supporting documentation from your health care.

STATEMENT OF UNDERSTANDING

I understand and agree to the conditions as presented on the Academic Regulations of the University. I understand that this does not relieve me of any financial obligation to the University.

Student Signature	**Date**	**Academic Advisor Signature**	**Date**
Name:		**Name:**	

**Please note that the Academic Advisor signature does not approve the petition. Signatures reflect that student and advisor discussed.*

FOR OFFICE USE ONLY

Follow up actions:

☐ To College to Evaluate
☐ To Head of Registrar to Evaluate
☐ To Related Department(s) to check and verify information
☐ Complete closure procedures (SIS, Decision, Archive)