



America Evangelical University

1204 W. 163rd St, Gardena, CA 90247
323.643.0301 www.aeuedu

WITHDRAWAL FORM

Student Name: _____ **ID#** _____ **SEVIS ID #** _____

Address: _____

Phone: _____ **E-mail:** _____

Current(or Last) Semester: Fall 20 _____ /Spring 20 _____ **Degree Sought:** _____

Do you plan on returning? If so, When? _____

Reason for withdrawal: Work ___ Finances ___ Personal ___ Academics ___ Medical ___ Other ___

If other, please explain _____

I understand that by signing this form, I am officially withdrawing from America Evangelical University, and If I decide to resume my studies, I must re-apply for admission.

If you're a F-1 student, please complete the following:

Please terminate my I-20 for early withdrawal effective on _____

Student Signature: _____

Date: _____

Office Use Only:

Request Reviewed and Processed by

Name of Staff: _____

Date: _____