## Withdrawal Fom

University of Denver	ər ID#	
GRADUATE UNDERGRADUATE		
Last		
Phone Number (	_)Email Address	
Term of withdrawal:	Year:	
	Quarter Semester Interterm	
Do you plan to resume your studies at the University of Denver?		
	□Yes □No	
What quarter/semeste	terdo you wish to resume your studies at the Univerty of Denver?	
Quarter/Semester	Year:	
Quarter/oemester		
Reason for leaving D	J (please check onl <u>yone</u> box below)	
AcademicReasons	S Social Reasons	
Affordability	Permanent Disability	
L	L	