



# SOUTHERN CALIFORNIA SEMINARY

Office of the Registrar  
2075 East Madison Avenue, El Cajon, CA 92019  
phone: 619-590-2112 fax: 619-442-4510  
www.socalsem.edu registrar@socalsem.edu

Please complete this form entirely and sign it. Please submit it to the Registrar's Office.

**Check one:**  COMPLETE WITHDRAWAL  LEAVE OF ABSENCE

Name: \_\_\_\_\_  
Last First Middle Student ID #

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Cell Email (other than socalsem.edu)

Reason: \_\_\_\_\_

Degree Program (Please circle as applies: AA BA MRS MABS MACP MFT MDiv PsyD)

Last Date of Attendance: \_\_\_\_\_ in Module \_\_\_\_\_ of Fall /Spring /Summer Trimester 20\_\_\_\_  
Circle one

Using course numbers, please list the classes in which you are currently enrolled so that you may be dropped from them: (e.g. BI 217, not the names of courses)

If Leave of Absence, plan to return: in Module \_\_\_\_\_ of Fall /Spring /Summer Trimester 20\_\_\_\_  
A leave is 365 days from last date of attendance Circle one

**The following 8 signatures are required for an official withdrawal:**

- |                                       |            |  |            |
|---------------------------------------|------------|--|------------|
| 1. _____<br>Student's Signature       | _____ Date | 5. _____<br>Financial Aid Officer                              | _____ Date |
| 2. _____<br>Advisor of Degree Program | _____ Date | 6. _____<br>V.A. Coordinator or International Student Director | _____ Date |
| 3. _____<br>Registrar                 | _____ Date | 7. _____<br>Library  | _____ Date |
| 4. _____<br>Student Accounts Officer  | _____ Date | 8. _____<br>Admissions Officer                                 | _____ Date |

**Comments:**