

OFFICE OF THE LAPU REGISTRAR

Name: _____ Student ID#: _____

Address: _____

Cell Phone: _____ Email: _____ Major: _____

Course(s) from which you are requesting to withdraw: _____

- Reason for Late Withdrawal:
- I am submitting this late withdrawal form for Session 1 courses, and wish to drop all future courses because I plan to withdraw from the university.
 - I am submitting this late withdrawal form for Session 1 courses, and wish to be dropped from Session 2 courses in the current term. I plan to take courses in an upcoming semester.
 - I am submitting this late withdrawal form for Session 1 courses, but will take courses during Session 2 in the current term even if I am NOT currently registered in Session 2. I plan to take courses in an upcoming semester.
 - I am submitting this late withdrawal form for Session 2 courses only. I plan to take courses in an upcoming semester.
 - I am submitting this late withdrawal form for Session 2 courses, and wish to drop all future courses because I plan to withdraw from the university.

Reason for Request: *(Please be specific and add an additional page if needed.)*

Student Signature: _____ Date: _____

**Please submit completed form to the Office of the LAPU Registrar.
All necessary signatures will be obtained for you. Ph: (626)268-0402 | Email: registrar@lapu.edu**

Signature Section

Academic Dean/Designee: _____ Date: _____

Approve Deny
Comments (required):

Financial Services: _____ Date: _____

Approve Deny
Comments (required):

Registrar Office Use Only

Approve Deny Signed: _____ Date: _____
Comments: _____
Logged: _____