

**Pontifical John Paul II Institute for Studies on Marriage and Family  
at The Catholic University of America**

**REQUEST BY STUDENT FOR WITHDRAWAL  
FROM PROGRAM OR FROM SEMESTER ONLY**

**Student Information**

Last Name		First Name				
Year / Semester		Program	<input type="checkbox"/> MTS	<input type="checkbox"/> STL	<input type="checkbox"/> STD	<input type="checkbox"/> PhD

- I request to withdraw from the \_\_\_\_\_ program and from all courses listed below:  
 I request to withdraw only from all courses listed below and to return the following term:

1. Course #	Course Title	CR Hours	Professor

2. Course #	Course Title	CR Hours	Professor

3. Course #	Course Title	CR Hours	Professor

4. Course #	Course Title	CR Hours	Professor

5. Course #	Course Title	CR Hours	Professor

✓	Item	Amount	Student Initials
<input type="checkbox"/>	MY SCHOLARSHIP IS HEREBY FORFEITED.		
<input type="checkbox"/>	FULL TUITION WILL BE REFUNDED*		
<input type="checkbox"/>	PARTIAL TUITION WILL BE REFUNDED*		
<input type="checkbox"/>	FEEES TO BE PAID		
<input type="checkbox"/>	FINANCIAL AID TO BE RETURNED		
	<b>TOTAL</b>	<input style="border: 2px solid black;" type="text"/>	

\*Refunds are time sensitive. Please consult current academic calendar for appropriate dates.  
Student fees are non-refundable.

<b>WITHDRAWAL EFFECTIVE DATE</b>	
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<b>REASON†</b>	<input type="checkbox"/> Health	<input type="checkbox"/> Finance	<input type="checkbox"/> Time	<input type="checkbox"/> Other
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†Please see attached letter.

<b>Student's Signature</b>	<b>Date</b>

APPROVAL GIVEN BY JPII INSTITUTE	
<b>Dean's Signature</b>	<b>Date</b>

<b>OFFICE:</b>	<input type="checkbox"/> Original: Student's Permanent File	<input type="checkbox"/> Photocopy: Registration Binder
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