

**Complete form, then print, sign and mail to the Registrar. Or you may fax the  
completed form to 916.739.7254 or email it to sacregistrar@pacific.edu.**

Date: \_\_\_\_\_

Student Identification number OR last four digits of Social Security number: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Program Enrolled (circle one): D1 D2 D3 E1 E2 E3 E4 LLM JSD UNCL MSL MPA MPP

Signature \_\_\_\_\_

(Required)

Withdraw from enrollment in Select semester

Reason: (if transferring, please list school transferring to.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student withdrawing which results in refund must make application for refund with the Business Office.

Office Use Only:

| Terms of Withdrawal: | Computer              | Remarks |
|----------------------|-----------------------|---------|
| _____                | _____                 | _____   |
| _____                | _____                 | _____   |
| _____                | Class Roll Transcript | _____   |
| _____                | _____                 | _____   |