



Institutional Withdrawal Request Form

Students who desire to withdraw from WCIU should submit an Institutional Withdrawal Request Form. The effective date of the withdrawal will be the date the student submitted the withdrawal request form.

Name of Student: _____

Email: _____

WCIU Program: _____

Reason for Requesting to Withdraw: _____

Optional:

Did you achieve the goals you had when you started the program? _____

All things considered, were you satisfied with your studies in this program? _____

Would you recommend this program to others? _____

Student's Signature: _____ Date: _____

Please email the completed request form to registrar@wciu.edu. Please direct any questions to this email address.