

Dongguk University Los Angeles The School of Acupuncture & Oriental Medicine 440 Shatto Place, Los Angeles, CA 90020

## WITHDRAWAL FROM THE PROGRAM

Date of Birth: Student ID:  Email: Phone #:  Status: □ F-1 □ Non F-1 Financial Aid: □Yes  Please indicate quarter that you are planning to withdraw:  Winter □ Spring □ Summer □ Fall □ Year 20  Please indicate the reason of withdraw:	□No
Status:   F-1   Non F-1 Financial Aid:   Yes  Please indicate quarter that you are planning to withdraw:  Winter   Spring   Summer   Fall   Year 20	□No
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Winter □ Spring □ Summer □ Fall □ Year 20	)
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Please indicate the reason of withdraw:	
Required Signature	
Please obtain the signatures in the following order.	
Student	Date
Program Director	Date
Financial Aid Officer (if applicable)	Date
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International Student Advisor (if applicable)	Date
T 9	D. 4
Librarian	Date
Accounting	Date