

Urbana Theological Seminary  
Request for Withdrawal from Degree Program

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Student seeks to withdraw from program for:

- One Semester
- One Year
- Extended period of Time
- No longer seeking Degree

Expected date of return: \_\_\_\_\_

Explanation: \_\_\_\_\_

Approval: Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_