Study Abroad Withdrawal Form

A. Please complete this section if you intend to withdraw your study abroad participation:

Student Name_________________________________________ Case ID____________________

Name of University/Program Abroad____________________________________________________

Country_______________________________

Withdrawal from: Semester: Fall Semester 20___ or Spring Semester 20___

Year: Fall Semester 20___ to Spring Semester 20___

Summer: Summer 20___

Spring Break: Spring Break 20___

Winter Break: Winter Break 20___

Reason(s) of Withdrawal

Major(s) at CWRU________________________ CWRU Major Advisor(s) ____________________

Minor(s) at CWRU________________________ CWRU Minor Advisor(s) ____________________

Student Signature: ___________________________ Date: ________________________________