



LANCASTER BIBLE COLLEGE CENTER FOR URBAN THEOLOGICAL STUDIES

COLLEGE WITHDRAWAL FORM

(Submit to LBC/CUTS Registrar)

(Please print)

NAME _____

(STUDENT ID #) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (home) _____ (work) _____ (cell) _____

E-MAIL ADDRESS _____

DEGREE PROGRAM (please circle): ASB BSBM BSHS BSUML Class # _____

I AM OFFICIALLY WITHDRAWING FROM LBC/ CUTS

EFFECTIVE- ACADEMIC PERIOD: _____ (TERM/YEAR)

REASON FOR SCHOOL WITHDRAWAL: _____

LAST COMPLETED SEMESTER : _____ (TERM/ACADEMIC YEAR)

"I UNDERSTAND THAT I WILL NOT RECEIVE CORRESPONDENCE NOR REGISTRATION MATERIALS FROM LBC/CUTS, AND THAT MY UNPROCESSED REGISTRATION WILL BE CANCELLED. I UNDERSTAND THAT I AM STILL RESPONSIBLE FOR ALL OUTSTANDING FINANCIAL BALANCES ON MY STUDENT ACCOUNT AT LBC/CUTS."

STUDENT'S SIGNATURE: _____ DATE: _____

-----OFFICE USE ONLY-----

LBC/CUTS REGISTRAR:

DATE RECEIVED _____

LAST COMPLETED SEMESTER/YEAR: _____ NUMBER OF COMPLETED CREDITS: _____

ADDITIONAL COMMENTS _____

CUTS REGISTRAR'S SIGNATURE: _____ DATE: _____

CUTS STUDENT ACCOUNTS MANAGER:

OUTSTANDING BALANCE: \$ _____ REFUND AMOUNT: \$ _____ AS OF (Semester/Year): _____

SIGNATURE: _____ DATE: _____

COPIES TO: LBC/CUTS STUDENT ACCOUNTS MANAGER- Date _____ STUDENT- Date _____