



CALIFORNIA TRINITY UNIVERSITY

2333 Beverly Blvd. Los Angeles, CA 90057

Web: <http://www.catu.edu>

Email: admin@catu.edu

Tel: (213) 484-4440 Fax: (213) 402-6838

WITHDRAWAL/CANCELLATION FORM

STUDENT INFORMATION		
Name (Last, First M.)		
Student ID	Degree & Major	Concentration
Phone	Email	
<i>Please check the one that applies to you.</i> <i>*For F-1 Students</i>		
<input type="checkbox"/> Request *I-20/SEVIS Termination – Completion Section 1		
<input type="checkbox"/> Withdrawal from CTU – Skip to Section 2		

1. I-20/SEVIS TERMINATION REQUEST
When you wish to close your I-20 or SEVIS Status?
_____ <i>Date (MM/DD/YYYY)</i>
Primary Reason for Requesting I-20/SEVIS Termination

2. WITHDRAWAL/CANCELLATION INFORMATION
When you wish to withdraw/cancel from School:
_____ <i>Date (MM/DD/YYYY)</i>
Primary Reason for Withdrawal/Cancellation:

Student Signature

Date

CTU OFFICE USE	
Received by	Date