Withdrawal From Program Application

Name: _____ **Student ID:** _____

Email: _____ **Phone Number:** _____

Degree Program: □ MAcHM (Master's program) □ DAcHM (Doctorate program)

[A] Please indicate your status:

□ F-1 □ Non F-1 □ On Financial Aid □ Non-Financial Aid

[B] I am requesting withdrawal from the program from following quarter:

□ Winter □ Spring □ Summer □ Fall Year: _____

[C] Please provide your reason(s) for withdrawal:

I understand that withdrawing from this program may have significant academic and financial consequences. I am responsible for understanding how withdrawal impacts my academic standing, financial aid, and future enrollment options. By withdrawing from this program, I accept full responsibility for the consequences of my decision.

Student Signature: _____ **Date**: _____

FOR OFFICE USE ONLY								
Academic Coordinator	**Clinic Coordinator**	**Head Librarian**	**Accounting Manager**	**Intl. Student Officer** *(if applied)*	**Financial Aid Officer** *(if applied)*	**Chief Clinic Officer**	**Academic Dean**	**Registrar**

Please submit this form via e-mail to machm@dula.edu or dachm@dula.edu.

Updated 10/01/2025