



GRADUATE AND ADULT STUDENT SEPARATION FORM

The purpose of the Graduate and Adult Student Separation form is to inform pertinent offices of the student's decision not to continue their education at CLU. This form does not apply to International Students.

Name: _____ Date: _____

Please print

Student ID Number: _____ Academic Program: _____

Present Status: I will finish current semester/term. I will not complete the current semester/term.
 I have submitted a drop form and have taken care of my account through the Student Accounts Office.
Are you currently receiving financial aid? Yes No

Reason for Separation from CLU. _____

Academic Exit Interview: It is necessary to contact your program director or coordinator for an exit interview before this form can be turned into the Registrar's Office.

Exit Interview Completed: _____
Signature of Program Representative Program Date

PERMANENT ADDRESS:

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Submit completed form to:
California Lutheran University
Office of the Registrar
60 West Olsen Road #1325
Thousand Oaks, CA 91360
Telephone 805 493-3105
Fax (805)493-3104

I accept financial responsibility for charges incurred during my CLU enrollment in accordance with University policy.

Student Signature: _____ Date: _____

Office Use Only
Last Term Attended _____
Inactive Date _____
Recorded by: _____