PACIFIC TECH

OFFICIAL WITHDRAWAL FORM

Name:	Student ID#:
Address:	
	Phone Number:
Last Date of School Attendance:	
Reasons for leaving Pacific Tech:	
By signing this form, I acknowledge tl	hat:
• I am withdrawing from Pacific	c College of Technology by my own choice;
• My F-1 visa status will be tern	ninated (if it has not expired) upon my withdrawal;
• Pacific College of Technology of my status.	is not responsible or liable for my F-1 visa status or for the reinstatemen
Signature:	Date:
	FOR OFFICE USE ONLY
OFFICE OF BUSINESS AFFAIRS	
Signature:	Date:
OFFICE OF ACADEMIC AFFAIRS	
Signature:	Date:
LIBRARY	
Signature:	Date: