HANBIT UNIVERSITY
Withdrawal Form

Name: _____ _____
Last First

Phone Number: (____) _____

Email Address: _____

Program Name: _____

Program Start Date: _____

Date of Withdrawal: _____ **Last Date of Attendance (if known)**: _____

Do you plan to resume your studies at HANBIT UNIVERSITY (please circle)?
Yes No Not sure

Reason for leaving:
Academic Transferring to another Institution Health
Career Financial Personal/Family
Other_____

I understand that this withdrawal is not official until this completed form is submitted in accordance with the institutional withdrawal policy. Once the withdrawal is official, I will be withdrawn from all classes in which I am enrolled.

I understand that I am responsible for tuition and fees assessed according to the following refund policy:

<HANBIT UNIVERSITY Refund Policy>

Having read this form, I request that I be withdrawn from this institution for the term indicated above.

Student Signature_____ Date: _____

For Office Use Only:

Last Date of Attendance: _____ Hours Attended: _____ Total Program Hours: _____ Percentage Attended: _____

Refund Amount Due: _____

Date Received: _____by (Print Name) _____ (Title) _____

Signature_____

Date Withdrawal Processed _____by (name)_____

December 2025