



# HORIZON UNIVERSITY

2040 S. Brea Canyon Road, Suite 100

Diamond Bar, CA 91765

Phone: 909-895-7138 Fax: 909-895-7143

## WITHDRAWAL FORM

### Student Information

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Last) (First)

### Program of Study

- Bachelor of Theology
- Bachelor of Science in Business Administration
- Master of Theology
- Master of Business Administration
- Master of Divinity

Indicate the quarter in which you wish to withdraw:

Summer  Fall  Winter  Spring of \_\_\_\_\_ (year)

Reason for the withdrawal:

- Employment
- Financial Reasons
- Grades
- Medical/Health
- Transfer to Other School
- Moving
- Other: \_\_\_\_\_

I hereby petition for a withdrawal from the school and have read and understand the following terms:

- I understand this petition will not be processed until I have secured the necessary signatures and returned the petition to the Office of Registrar.
- The school official signature date is the official withdrawal date.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Signature MM/DD/YYYY

<i>Refund</i>			
Tuition Paid	\$	Refund Amount	\$

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
School Official Signature MM/DD/YYYY