



School of Conflict Management,
Peacebuilding and Development

Intent to Withdraw

Student's Name:	KSU ID:
Address:	
Email:	
Phone:	

Will you complete the present semester? _____

Program withdrawing from: _____

If not, from what course(s) will you be withdrawing? _____

What was or will be the last date you attend class at KSU? _____

Reason for withdrawal:

Student Signature _____ Date _____

Program Director Signature _____

Effective Term _____

Termination Date _____