

Central Connecticut State University

IELP Withdrawal Form

Name: _____

CCSU ID#: _____

Home Address: _____

Cell phone: _____ CCSU E-Mail: _____

Housing assignment (Hall and room number if applicable): _____

I am requesting to withdraw starting: _____ (Date: Month/Date/Year)

Reason for withdrawal: (check all that apply)

*All reasons must be verified and further documentation may be required.

****If reason to cancel is for any reason other those listed below, please also read and complete the other side of this form.**

Withdrawing from IELP (**circle one**) Non-Medical / Medical

Transferring to another College/University _____ (Name of Institution)

Received exam scores for completion

None of the above but submitted by established deadline. Reason: _____

Signature of Student: _____ Date: _____

Please Return to the Intensive English Language Program

Fax 860# 832-2047 / IELP@ccsu.edu / CCSU Dept. of CIE, 1615 Stanley St., New Britain, CT 06050# 4010

Office Use Only:

Processed by/Date Processed: _____