



Office of Admissions
and Scholarships

GRADUATE CREDENTIALS WITHDRAWAL FORM

Date		Reference Number	
Last Name		Date Confirmed	
First Name			
Middle Name			
Last School Attended		Degree Program Qualified For	
Reasons for withdrawal of confirmation credentials <i>(please check)</i> :			
<input type="checkbox"/>	Distance/Location	<input type="checkbox"/>	Financial Problem
<input type="checkbox"/>	Scheduling Conflicts with Work	<input type="checkbox"/>	Health Concerns
<input type="checkbox"/>	Visa Concerns	<input type="checkbox"/>	Study Abroad
<input type="checkbox"/>	Accepted in another College/University <i>(please specify the College/University name)</i>		
<input type="checkbox"/>	Scholarship in other College/University <i>(please specify the College/University name)</i>		
<input type="checkbox"/>	Other reason <i>(please specify)</i>		

Documents received from Office of Admissions and Scholarships <i>(please check)</i>			
<input type="checkbox"/>	Transcript of Records (Original)	<input type="checkbox"/>	Original Birth Certificate
<input type="checkbox"/>	Transfer Credentials/Honorable Dismissal	<input type="checkbox"/>	Others
<input type="checkbox"/>	For Others, please specify:		

Signature over Printed Name <i>(Applicant)</i>		Date	
Signature over Printed Name <i>(Representative)</i>		Date	
Relationship to Applicant		ID Presented	

OUR USE	Transmitted by		Date Transmitted	
OAS USE	Released by		Date Released	

IMPORTANT REMINDERS

1. Credentials requested **before 3:00 pm** will be released at **4:00 pm, the same day.**
2. Credentials requested **after 3:00 pm** will be released at **4:00 pm, the next working day.**