

		Semester	Year
Social Security No. _____			
Name (Last, First, Middle)		▼ Mailing Address ▼	
Number & Street			
City	State	Zip Code	
Area Code	Telephone		
SIGNATURES			
Dean of Students			
Dean of College			
Student	Date		

THE UNIVERSITY OF NEW MEXICO — VALENCIA CAMPUS
WITHDRAWAL FORM

OFFICE USE ONLY

Current Hours Enrolled: _____

Refund % _____

Original Receipt	
No. _____	_____
Amt _____	_____
Hrs _____	Lab _____
Date _____	_____

TYPE:	
Cash _____	_____
Check _____	_____
MC/Visa _____	_____
A/R _____	_____
OTHER _____	_____
Clerk _____	_____
Date _____	_____

Refund _____ hrs.	@	\$ _____
Lab Fee _____	@	\$ _____
Lab Fee _____	@	\$ _____
Other _____	@	\$ _____
TOTAL REFUND \$ _____		
Appv'l _____	Date _____	_____

<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>Wdl. Date</p>									<table border="1"> <tr> <td> </td><td> </td> </tr> </table> <p>Source</p>			<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>Session</p>				
← YOUR WITHDRAWAL IS EFFECTIVE ON THE DATE YOU SIGN THIS FORM																