



CALUMS

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

1126 North Brookhurst Street, Suite 200, Anaheim, CA 92801

Website : www.calums.edu

Tel : 714.533.3946 Fax : 714.533.7778

NOTICE OF CANCELLATION (Withdrawal Form)

STUDENT ID # _____ DATE OF BIRTH _____

STUDENT NAME _____
Last First Middle

ADDRESS _____

PHONE _____ E-MAIL _____

Last Day of Attendance or Date withdrawal process was initiated: _____ / _____ / _____
Month Day Year

If the school issued you any equipment, you must return the equipment within 10 days from the date you signed this notice. If you do not return the equipment within this 10-day period, the school may keep an amount out of what you paid that equals the cost of the equipment.

To cancel your enrollment and completely withdraw from CALUMS, mail or deliver a signed and dated copy of this cancellation notice to:

**California University of Management and Sciences
1126 N. Brookhurst St, Suite 200, Anaheim, CA 92801**

If you are an international student, you must leave the U.S. within 15 days from the above date.

I hereby cancel my enrollment and completely withdraw from CALUMS. I understand that I must clear all outstanding financial obligations.

Remember, **YOU MUST CANCEL IN WRITING**. Cancellations made by phone or simply not coming to class are not acceptable. You must also file "Clearance Form" in order to complete the cancellation process.

Student Signature _____ Date _____

OFFICE USE ONLY

REASON FOR WITHDRAWAL:

ACADEMIC DEAN

DATE

REGISTRAR TO PLACE IN STUDENT FILE