



UNIVERSITY OF PIKEVILLE

KENTUCKY COLLEGE OF OPTOMETRY

WITHDRAWAL FROM KYCO FORM

If you are requesting to withdraw from the University of Pikeville, Kentucky College of Optometry, please complete and submit this form to the Office of Graduate and Health Profession Student Affairs. This form must be turned in to avoid forfeiture of refunds and ineligibility of future readmission. Please read the Academic Dismissal section of the Student Handbook for further information.

Student Name: _____ Student ID: _____

Permanent Address: _____

Phone Number: _____ Date of Birth: _____ Personal Email: _____

Reason for Withdrawal: _____

Are you a United States Citizen? Yes No

If "No", please meet with the Director of Global Education.

Signature of Director of Global Education: _____ Date: _____

Are you a campus resident? Yes No

If "Yes", you must be prepared to vacate the room and submit the room key and identification card, on the same day of withdrawal, to the Office of Student Services.

Signature from Office of Student Services: _____ Date: _____

Do you participate in any school organizations? Yes No

If "Yes", which one(s): _____

Please initial that you have notified the advisor/officers of each organization that you are withdrawing:

Initials of Student: _____ Date: _____

I hereby withdraw from the University of Pikeville, Kentucky College of Optometry (KYCO) and understand the policies as stated in the Student Handbook.

Student Signature: _____ Date: _____

Before officially withdrawing from KYCO, the signatures below are also required.

KYCO Director of Student Affairs: _____

Dean of KYCO: _____

KYCO Advantage Equipment Return: _____

Library: _____

Office of Financial Aid: _____

Business Office: _____

Office of Registrar: _____

Information Technology: _____

LAST DATE OF ATTENDANCE: _____