



**KENNESAW STATE
UNIVERSITY**

COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
*School of Conflict Management,
Peacebuilding and Development*

Intent to Withdraw

Student's Name:	KSU ID:
Address:	
Email:	
Phone:	

Will you complete the present semester? _____

Program withdrawing from: _____

If not, from what course(s) will you be withdrawing? _____

What was or will be the last date you attend class at KSU? _____

Reason for withdrawal:

Student Signature _____ Date _____

Program Director Signature _____

Effective Term _____



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Termination Date _____