

Office of the Registrar 1419 Salt Springs Rd Syracuse, NY 13214 Phone: (315) 445-4456

## INTEGRAL HONORS PROGRAM WITHDRAWAL NOTICE

Name:(Last)		Student #:
	(First)	(MI)
Class Year:		
		aw my enrollment in the Integral Honors program. s for the program and will not receive an Integral
I understand that should this request College.	be approved, I must stil	l meet all of the residency requirements of the
Student's Signature:		Date:
Honors Director's Signature:		Date:
*Please submit one copy to the Regi	istrar's Office and one co	opy to the Director of the Integral Honors Program
REGISTRAR'S OFFICE USE ONLY: DATE REC'D	DATE PROCESSED	