



Xavier University of Louisiana  
College of Pharmacy  
Withdrawal of Application Form

Name \_\_\_\_\_ XU ID# \_\_\_\_\_ Date \_\_\_\_\_

I wish to withdraw my application to the Xavier University of Louisiana College of Pharmacy for the Fall 2019 semester. I understand that submission of this form will terminate the application process and I will no longer be considered for admission to the Xavier University of Louisiana College of Pharmacy. If I wish to apply in the future I must resubmit all of the required application documents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The deadline to submit the withdrawal form is January 10, 2019**