**<NAME OF INSTITUTION>**

Withdrawal Form

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

**Phone Number:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Term of Withdrawal:** \_\_\_\_\_\_\_\_\_\_ **Last Date of Attendance (if known)**: \_\_\_\_\_\_\_\_\_

**Do you plan to resume your studies at <NAME OF INSTITUTION> (please circle)?**

Yes No Not sure

**Reason for leaving: (please circle only one option below)**

Academic Transferring to another Institution Health

Career Financial Personal/Family

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this withdrawal is not official until this completed form is submitted in accordance with the institutional withdrawal policy. Once the withdrawal is official, I will be withdrawn from all classes in which I am enrolled.

I understand that I am responsible for tuition and fees assessed according to the following refund policy:

<Insert Institutional Refund Policy>

Having read this form, I request that I be withdrawn from this institution for the term indicated above.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

Last Date of Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours/Days Dropped: \_\_\_\_\_\_\_\_\_\_\_\_ Refund Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_by (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Withdrawal Processed \_\_\_\_\_\_\_\_\_\_\_\_by (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_