



WITHDRAWAL FROM PROGRAM FORM

Semester _____

Year: _____

Name: _____

ID#: _____

Address: _____

Phone: () _____

City: _____

State: _____ Zip: _____

Email: _____

Completion of this form indicates my wish to **WITHDRAW** from the following program(s).
_____ Degree/Diploma/Certificate (circle one)
_____ Degree/Diploma/Certificate (circle one)

Withdrawal from a program is not the same as withdrawal from courses or from the College. I understand that as long as I am in good standing with the College I can continue to take courses. I also understand that if I am not a matriculated student, eligibility for financial aid may be affected. Upon receipt, a copy of this signed form authorizing and authenticating my withdrawal from the identified program(s) will be mailed to me.

Student Signature

Date

Program Director Signature

Program

Date

Program Director Signature

Program

Date

Registrar Official Signature

Date

- COPY TO:
- Student
 - Program Director(s)
 - Director of Admissions
 - VPSA&CA
 - VPAA