



WITHDRAWAL FROM COLLEGE

Completion of this form documents my intent to **WITHDRAW FROM THE COLLEGE**. Any official withdrawal from the College after the last date to withdraw from a full-semester course (with a "W" grade) has passed shall be considered effective the first day of the following semester for academic reasons, and the student will be held academically accountable for the entire semester. Students who have officially withdrawn from the College may apply for readmission.

Student Signature

Semester _____

Year: _____

Name: _____

ID#: _____

Address: _____

Phone: () _____

City: _____

State: _____ Zip: _____

Email: _____

Please list the program(s) in which you are matriculated: _____

Please list below any courses in which you are currently registered and the name of the instructor for each course.

Course Number and Name

Instructor

Reasons for Withdrawal: ___ Transferring to another College (Applied/Accepted at _____)
___ Financial ___ Work ___ Health ___ Personal
___ Relocating ___ Other (_____)

Signatures of the following individuals confirm that your obligations to the College are met. Failure to meet your obligations may mean **your academics will be withheld and charges may be applied**. All signatures must be obtained before submitting this form to the Registrar's Office.

Program Director Signature

Business Office Signature

Financial Aid Signature

Library Signature

Registrar

Date Received

Date Processed