TECHNICAL COLLEGE OF THE ROCKIES

WITHDRAW FORM

STUDENT

Student Name:_____ SS#_____
Please Print

Address:_____
Street/Po Box City State Zip Code

Program: _____

Reason For Withdrawal:_____

_____

Plans for Returning: No_____ Yes_____ Comments:_____

_____

Student's Signature: _____ Date:_____

DEPARTMENTS

1. Student Services:

Enrollment Date:_____

Withdraw Date:_____

Was school notified of Withdrawal? Yes__ No__

Comments:_____

_____

Signature: _____

2. Financial Aid:

Comments:_____

_____

Balance $_____

Signature:_____

Date:_____

3. Business Office:

Comments: _____

_____

Balance: $ _____

Signature: _____

Date: _____

4. Registrar:

Comments: _____

_____

Signature: _____

Date: _____

ADMINISTRATION

Administrator Comments: _____

_____

_____

Administrator Signature: _____

Date:_____