



Withdrawal Form

STUDENT	Student Name: _____ SS# _____ <small style="margin-left: 150px;">Please Print</small>	
	Address: _____ <small style="margin-left: 50px;">Street/Po Box</small> <small>City</small> <small>State</small> <small>Zip Code</small>	
	Program: _____	
	Reason For Withdrawal: _____ _____	
	Plans for Returning: No _____ Yes _____ Comments: _____ _____	
	Student's Signature: _____ Date: _____	
INSTRUCTOR	Date of Enrollment: _____ Withdrawal Date: _____ Did Student notify school of Withdrawal? Yes _____ No _____ Explain _____ Grades: Attach a complete record of student's attendance and grades. Instructor/Coordinator Comments: _____ _____ _____	
	Instructor/Coordinator Signature: _____	
ADMINISTRATION	1. Admissions: Comments: _____ _____ Signature: _____ Date: _____	2. Bookstore: Comments: _____ _____ Refund Due <input type="checkbox"/> Student Owes <input type="checkbox"/> \$ _____ Signature: _____ Date: _____
	3. Financial Aid Administrator: Comments: _____ _____ Balance: _____ Signature: _____ Date: _____	4. Business Office: Comments: _____ _____ Balance: _____ Signature: _____ Date: _____