

TECHNICAL COLLEGE OF THE ROCKIES

WITHDRAW FORM

STUDENT	Student Name: _____ SS# _____ <small>Please Print</small>	
	Address: _____ <small>Street/Po Box City State Zip Code</small>	
Program: _____		
Reason For Withdrawal: _____ _____		
Plans for Returning: No _____ Yes _____ Comments: _____ _____		
Student's Signature: _____ Date: _____		
Date of Enrollment: _____ Withdrawal Date: _____		
Did Student notify school of Withdrawal? Yes _____ No _____ Explain _____		
Administrator Comments: _____ _____ _____		
Administrator 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: _____