

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. <u>Student Services:</u> Enrollment Date: _____ Withdraw Date: _____ Was school notified of Withdrawal? Yes__ No__ Comments: _____ _____ Signature: _____	2. <u>Financial Aid:</u> Comments: _____ _____ Balance \$ _____ Signature: _____ Date: _____
	3. <u>Business Office:</u> Comments: _____ _____ Balance: \$ _____ Signature: _____ Date: _____	4. <u>Registrar:</u> Comments: _____ _____ Signature: _____ Date: _____
	Administrator Comments: _____ _____ _____	
	Administrator Signature: _____ Date: _____	