

## Withdrawal Request Form

Semester \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Date \_\_\_\_\_ ID Number # \_\_\_\_\_

Name \_\_\_\_\_

Course Number and Title	Credit Hours	Instructor

\*Title IV Financial Aid students who do not complete their classes will be responsible to **return unearned aid** to the Department of Education. For further information concerning this policy, see the college catalog or contact the Financial Aid Office.

**Do you receive VA educational benefits?**    \_\_\_ Yes        \_\_\_ No

**Reason for withdrawal:**    \_\_\_ Financial Reasons    \_\_\_ Unable to attend    \_\_\_ Failing the course    \_\_\_ Moving  
                                  \_\_\_ Job    \_\_\_ Illness    \_\_\_ Other \_\_\_\_\_

**Students are encouraged to talk with the instructor before withdrawing from a course.**

I met with instructor regarding my decision to withdraw.

I do not wish to talk with the instructor.

**Student's signature** \_\_\_\_\_        **Date** \_\_\_\_\_