

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** _____