



Policy Name:	Withdrawal from the College Form
Policy Number:	1.021a
Effective Date:	June 1, 2014
Date of Last Revision:	July 24, 2019
Functional Area:	Academic Affairs

**Student Withdrawal from College Form**

**Student Name:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Program:** \_\_\_\_\_ **Banner ID** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_ **Last Date of Attendance:** \_\_\_\_\_

**Are you receiving any type of financial aid?** No Yes What type? \_\_\_\_\_

<b>Please provide reasons for withdrawal</b>		
Academic Difficulty	Medical	Lack of Child Care
Disciplinary	Relocation	Transportation
Financial	Personal	Other _____

<b><u>Please provide Employment Information:</u></b>		
Employer: _____		
Employer Address: _____		
City: _____	State: _____	Zip: _____
Employer Contact (Supervisor): _____		Self Employed
Employer Phone: _____	Employer Fax: _____	Date Employed: _____
Job Title: _____		
Rate of Pay: _____		
Full Time Part Time	Number of hours per week: _____	Employment Related to Program Major

<b>Student, please initial that if you withdraw from college, you understand the following:</b>	
_____	1. I understand PELL or other types of financial aid will be recalculated and I may owe a debt.
_____	2. I understand my standard academic progress may be affected by withdrawing from college.
_____	3. I understand that the classes I am withdrawing from may not be offered again for up to a year from now.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

