

Request for **STUDENT WITHDRAWAL**

Name: _____ Date submitted: ____ / ____ / ____

Colleague ID # _____ Program: _____

My **Last Date of Attendance** will be: ____ / ____ / ____ of the _____ semester
Year 20__

Reason for requesting withdrawal: _____

(If more space is required, please continue on the back of the form.)

Student
Signature: _____

APPROVAL OF STUDENT WITHDRAWAL

Program Director Date approved: ____ / ____ / ____

Faculty Advisor Date approved: ____ / ____ / ____

Training Department Date approved: ____ / ____ / ____

Financial Aid Date approved: ____ / ____ / ____

Registrar's Office Use Only:

Date received: ____ / ____ / ____ Date processed: ____ / ____ / ____

Registrar's Office Representative (*final signature*)