



## REQUEST FOR WITHDRAWAL FORM

Use this form if you are dropping or withdrawing from the class you are enrolled in.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Course(s):** \_\_\_\_\_

**Please be mindful the student fee is non-refundable.**  
**Full refunds will be issued through the second week of class.**  
**Half Refund will be issued from the third week through the fourth week of class.**  
**No refunds will be issued after the fourth week of class.**  
**\*\*\*\*Summer courses will have no refunds issued after the second week of class\*\*\*\***

### APPROVAL SIGNATURES

**Course:** \_\_\_\_\_

**Professor Signature:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Professor Signature:** \_\_\_\_\_



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**TO BE FILLED OUT BY REGISTRAR**

- Withdrawn Completed**

**Signature:** \_\_\_\_\_

- Tuition Refunded (if applicable)**

**Date Refunded:** \_\_\_\_\_

**Refund Type:** \_\_\_\_\_