WAYCROSS COLLEGE

STUDENT WITHDRAWAL FORM

DIRECTIONS: Complete the information below; obtain the signatures of the individuals and of each instructor. Return the completed form to the Records Office.

Student's Name _____ Student ID Number 933-_____

Present Address _____
(Street) (City-State) (Zip)

Reason for Withdrawing (check all that apply) Academic Problems __ Transportation Financial Personal

Medical Deceased Dissatisfaction with College Other_____

_____

Do you plan to reenroll next semester? ○ Yes ○ No

Student's Signature_____ Date_____

Student's Email Account _____

REQUIRED CLEARANCE SIGNATURE

Advisor_____

Counselor_____

Registrar_____

Financial Aid_____

Business Office_____

Librarian_____

Veterans Representative_____

V.P. Dean_____

SORT #	COURSE	GRADE	INSTRUCTOR

NOTE: Withdrawal is not complete until all signatures have been obtained and this form returned to the Records Office.
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FOR OFFICE USE ONLY

Receipt # _____ Amount of Fees Paid $ _____

Refund: _____ % of $ _____ Amount of Refund $ _____
(Matriculation)

Additional Information: _____

APPROVED: _____ _____
Director for Student Records Vice President for Business Affairs