



REQUEST FOR WITHDRAWAL

This form is to record a student's withdrawal of enrollment at this University. Required elements included in the refund calculation are presented on the student's master sheet and refund page generated by the RGM System.

Full Name (Official Name): _____ Date: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Current Address: _____

Email: _____ Phone #: _____

Enrolled Program: _____ Dates of Attendance: _____

Start Date: _____ Withdrawal Date: _____

STATE THE REASON FOR WITHDRAWAL (use the back if you run out of space):

Actual hours completed at the time of withdrawal:		
Clock Hours: _____	Total Weeks: _____	
Semester Credit Hours: _____	Total Months: _____	
Quarter Credit Hours: _____	Total Terms: _____	
Supplies Issued: _____	Returned: _____	Retained: _____

Student's Signature: _____ Date: _____

Signature and Title of School Official: _____ Date: _____