

Continuing Education Course Withdrawal Request Form



A student who officially withdraws (**using this form**) from a Continuing Education course prior to the first class meeting is eligible for a 100% refund. A student may be eligible to receive a 75% refund of the tuition amount if the student officially withdraws (**using this form**) from the course after the class begins but prior to the census date. A student would not be entitled to receive any refund if withdrawing after the census date. Course fees are not refundable unless the student withdraws at least 5 Business days prior to the start of the class. Students are eligible for a 100% refund if the College cancels the class. Refund check will be processed by the Business Office.

Please complete all of the information below. Incomplete forms may not be processed.

Name _____ ID# _____

DOB _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Are you a current high school student? Yes No

Based on the above refund policy, are you requesting a refund? Yes No

Please list the course information and check a withdrawal reason below:

Course Title	Course Number	Start Date	Census Date

Reason for Withdrawal: (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Excessive absences
<input type="checkbox"/> Employment conflict
<input type="checkbox"/> Illness (self/family)
<input type="checkbox"/> Course/faculty expectation
<input type="checkbox"/> Child care conflict
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Financial
<input type="checkbox"/> Transportation
<input type="checkbox"/> Relocation
<input type="checkbox"/> Course load too heavy
<input type="checkbox"/> Course too difficult | <input type="checkbox"/> Course not what expected
<input type="checkbox"/> Transfer to another school
<input type="checkbox"/> Military deployment/reassignment
<input type="checkbox"/> Personal/family
<input type="checkbox"/> Internet access |
|--|---|---|

Student Signature: _____ **Date:** _____

For Business Office Use Only:

Approved Amount \$ _____ Refund Code: _____

Disapproved Reason: _____

Business Office Signature _____ Date _____

For Registrar Use Only:

Start Date: _____ Census Date: _____

End Date: _____ Cost: _____