

**College Withdrawal Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Cell phone carrier:  US Cellular  Verizon  AT & T  Tracfone  Other \_\_\_\_\_

Student ID #: \_\_\_\_\_ Email address: \_\_\_\_\_

Program of Study: \_\_\_\_\_

The student is responsible for completing A and contacting officials in B, C, D, E, F, G and H for their completion. The completed form should be returned to Donna Geel.

**A: To be completed by Student:** I \_\_\_\_\_ officially withdraw from WCCC as of \_\_\_\_\_ for the following reasons:

Academic Difficulty  
Personal Health  
Employment  
Other, please specify:

Disciplinary Action  
Military Service  
Loss of Interest

Financial Problem  
Personal Problems  
Career Objective Undecided

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date last class attended

\_\_\_\_\_  
Today's Date

**B. To be completed by Student's primary instructor or advisor:** The student has talked to me about leaving school. And has or has not (circle one) returned all tools and equipment. (Details should be provided to the Business Office if he/she has not)

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

**C. To be completed by the Director of Residential Life (if applicable):** This student has talked to me about leaving school and has or has not (circle one) returned the apartment key. If returned date: \_\_\_\_\_.

Student is reminded to complete the apartment conditions report prior to leaving. Security deposit can or can't (circle one) be returned. If deposit cannot be returned, please state reason(s) \_\_\_\_\_

\_\_\_\_\_  
Director of Residential Life's Signature

\_\_\_\_\_  
Date

**D. To be completed by Librarian:** This student has or has not (circle one) returned all books and other materials on loan from the library. (Details should be provided to the Business Office if he/she has not).

\_\_\_\_\_  
Librarian's Signature

\_\_\_\_\_  
Date

**E. To be completed by the Associate Dean of Student Affairs or the Dean of Students:** This student has seen me about leaving school. The student's future plans are \_\_\_\_\_

**(OVER)**

**F. To be completed by the Financial Aid Office** He/She has \_\_\_\_ has not \_\_\_\_ applied for financial aid.

As part of your financial assistance, did you receive a Stafford Loan (Subsidized, Unsubsidized and/or did your parents receive a Plus Loan? Yes \_\_\_ No \_\_\_

If yes, you will need to complete an Exit Interview either electronically or manually. This will take approximately a half hour of your time. In order to complete this, you will need the following:

- ✓ *Complete address and telephone number of the nearest relative not living with you\*required by federal regulation*
- ✓ *Two personal references with complete address and telephone numbers \*required by federal regulation*
- ✓ *If you are leaving for employment, complete name, address and telephone number of your employer\*required by federal regulation*

Exit Interview Completed: Yes \_\_\_ No \_\_\_ Comment: \_\_\_\_\_

Title IV aid is earned in a prorated manner on a per diem basis up to and including the 60% point in the semester. Title IV aid and all other aid is viewed as 100% earned after that point in time. Please review policies in Student Financial Aid Handbook.

Percentage of Title IV aid earned: \_\_\_\_\_

Total Title IV Aid to be Disbursed or Returned: Federal Unsubsidized Loan\_\_\_\_\_

Federal Subsidized Loan\_\_\_\_\_

Federal Pell\_\_\_\_\_

Federal SEOG\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Director's Signature

If a student is a Title IV Recipient, a copy of an estimated Title IV refund worksheet should be forward to the Business Office.

**G. To be completed by the Student Accounts; *Student Accounts Representative: Please attach Bill***

Balance due if any \_\_\_\_\_.

Steps for collection \_\_\_\_\_

Explanation/Notes: \_\_\_\_\_

\_\_\_\_\_  
Student Account Representative Signature

\_\_\_\_\_  
Date

**(OVER)**

**For Office Use Only**

Processed: \_\_\_\_\_  
Initials

\_\_\_\_\_  
Date