

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 _____ Text Updates: ___Yes ___No

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

___ Disciplinary Action

___ Financial Problem

___ Personal Health

___ Military Service

___ Personal Problems

___ Employment

___ Loss of Interest

___ Career Objective Undecided

___ Other, please specify _____.

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)

Non-Discrimination Policy: *Washington County Community College is an equal opportunity/affirmative action institution and employer. For more information; please call Tatiana Osmond, Affirmative Action Officer, at 454-1094.*

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

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