



# Course Withdrawal Form

To officially withdrawal from a course after registration has been processed, complete and sign the form below, obtain a signature from your instructor, and submit to your Program Coordinator. This form needs to be completed before your withdrawal date. If withdrawing from multiple courses, please complete a separate form for each course.

_____ Student's Full Name	_____ Course
_____ Address	_____ Course Start Date
_____ City, State Zip	_____ Withdrawal Date
_____ Phone	_____ Date of Birth
_____ Email	_____ SSN

### Reasons for Withdrawal

Please use the space below to explain the reason(s) for withdrawing from the course.

- Academic \_\_\_\_\_
- Financial \_\_\_\_\_
- Medical \_\_\_\_\_
- Work Related \_\_\_\_\_
- Military Obligation \_\_\_\_\_
- Personal \_\_\_\_\_
- Transportation \_\_\_\_\_
- Other \_\_\_\_\_

Withdrawing from class is subject to the *Registration and Tuition Refund Policy* as stated on [www.saintjoe.edu](http://www.saintjoe.edu) and in the Student Handbook. By signing this document, you acknowledge your acceptance of the *Registration and Tuition Refund Policy*.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date