



# 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 Coordinator Signature

\_\_\_\_\_  
Date