



OFFICAL WITHDRAWAL REQUEST FORM

An official withdrawal request form must be completed for students to withdraw. This process can take longer if the student has outstanding fees or school equipment. Upon submitting the request, the student is to return all his/her textbook, and or any equipment. Failure to return items or equipment may delay the withdrawal process.

Date of Request: _____

Student Name: _____

Date of Birth: _____

Please select Reason for withdrawal:

- | | |
|--|---|
| <input type="checkbox"/> Relocating | <input type="checkbox"/> Lost of Family Member |
| <input type="checkbox"/> Sickness/Illness | <input type="checkbox"/> Transferring to another school |
| <input type="checkbox"/> Unable to pay tuition | <input type="checkbox"/> Academic status |

Other: _____

Student Address:		
Home Number:		Cell Number:
Work Number:		
Email:		



Program Attended	Semester	Instructor
Phlebotomy CPT	Winter II	Lisa Horton

Student Signature

Date

School/Office Use Only

Date received: _____ Time Received: _____ Received by _____

Request to complete withdrawal

- ✓ Textbook: Phlebotomy Handbook 8th Edition

Notes: School will honor the request to issue a full refund. All refunds will be made within 30 days from the date of termination/ completed withdrawal request.

Date Completed: _____ School Personnel: _____