



**Part B (to be completed by Student): Enrollment and Financial Disclaimer**

If you are included in any of these student classifications, please check below:

- Financial Aid Recipient (contact the Campus Financial Aid Office)
- Military/Veterans Benefits Recipient (contact your assigned Veterans Advisor, Veterans Administration Office or other assigned representative)
- F-1 or J-1 International Student (contact the campus International Student Advisor)

**I acknowledge that:**

- Changes to my enrollment may affect financial aid, F-1/J-1 or other visa status, veteran's benefits eligibility, and may result in financial liability to the College.
- Students receiving financial aid who withdraw or stop attending will, in most cases, be required to return a portion of financial aid received. Financial aid recipients may be subject to mandatory refund policies.
- I may no longer meet Satisfactory Academic Progress (SAP) Standards and as a result, lose eligibility for financial aid.
- Changes that drop an F-1 or J-1 student below full-time enrollment may affect my student visa status without proper documentation and approval.
- I may not be entitled to a refund of my tuition or other expenses incurred during this semester. To request a refund for a Late Withdrawal, the student must follow Business Office procedures described in the Tuition Refund Policy.
- I may not be entitled to a forgiveness of debt (full or partial) by the College if my medical withdrawal results in financial liability to the College.

**I certify that the information on this withdrawal request and supporting documentation is accurate, true and complete to the best of my knowledge. I may be asked to provide additional supporting information to the Dean of Students or designee. I understand that providing false information is a violation of the College's Student Code of Conduct.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part C: Review by Dean of Students and Academic Dean(s)**

Approved       Denied

Dean of Students/Designee Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Academic Dean Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Academic Dean Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

<b>DOS Office:</b>	Date of Email Notification to Student _____
	Date Forwarded to Enrollment Services _____
<b>Enrollment Services:</b>	Date Posted to Record _____
	Initials _____
	Date Scanned _____
	Initials _____