



**Request for Withdrawal with Incomplete  
(Student must not be failing the course)**

First Name:

Last Name:

Student ID:

(First and last name initials and last 4 digits of SSN)

Reason for request: (Circle one)

Medical     Personal     Financial     Other

Please explain briefly reason for  
request: \_\_\_\_\_

\_\_\_\_\_

I understand that I must re-enroll within a year in order to receive full credit for the  
program and avoid additional fees.

Date of Withdrawal: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Withdrawal notice received by school: \_\_\_\_\_

Signature of School Director acknowledging withdrawal: \_\_\_\_\_