



Student Withdrawal Form

It is strongly suggested that students meet with an enrollment advisor prior to withdrawing.

Withdrawal dates are noted on the course schedule. A "W" grade will be noted on the student transcript for each withdrawn course. See www.dctc.edu for withdrawal policy.

Name: _____ Semester/Year: _____

Student ID #: _____ Program Major: _____

Check if one of the following applies to you. (Appropriate approval required before processing)

- I am using Veteran's Benefits**
 I am an International Student
 I am a DCTC athlete
 I am a PSEO (High School) Student

Your withdrawal and the timing of your withdrawal may have an impact on your:

- Enrollment status
- Satisfactory academic progress (SAP)
- Student account
- Federal, state and institutional grants, loans, scholarships and third-party sponsorships
- Veterans Educational Benefits
- Athletic eligibility

Reason for withdrawal: _____

Select Appropriate Box	Semester	
<input type="checkbox"/> I am withdrawing from all my courses for the semester.		All courses for this semester
<input type="checkbox"/> I am withdrawing from only the courses I list here for the semester		Subject and course number/ Course title _____ _____ _____ _____

If you plan to return to DCTC, please inform Admissions of your plans.

Student: _____ Date: _____
(Signature)

Advisor/FA: _____ Date: _____
(Signature)

Advisor Comments: _____

OFFICE USE ONLY		
Refund % _____		
Date Received: _____	Date Enter _____	Employee Initial _____