COLLEGE OF SANTA FE

WITHDRAWAL FORM

OFFICE USE ONLY			
Program			
Major Code			
Initials			
TRAD	1	ALB E&W	4
SF E&W	2	ALB MBA	5
SF MBA	3	ED MA	6

Name: _____
Last First M.I.

Address: _____
Street

_____
City State Zip

Phone: _____
Day Night

Major: _____

Please check if new address ☐

STUDENT I.D. # OR SOCIAL SECURITY #

Term _____ Year _____
Fall, Spring, Summer

OFFICE USE ONLY
REFUND PERCENTAGE
(Refer to course schedule for refund policy.)

DEPT	COURSE #	SEC #	COURSE TITLE	DAYS	TIME	INSTR	CRD HRS

- ❑ Leave of absence
- ❑ Academic Program
- ❑ No career goal at present
- ❑ Illness/Injury
- ❑ Financial Concerns
- ❑ Advising
- ❑ Housing
- ❑ Personal Reasons
- ❑ Other

Will you be attending another school?_____

Please indicate whom you contacted regarding your withdrawal?
(check all that apply)

_____Advisor
_____Registrar
_____Parents
_____ Dean of Students
_____ Residential Life
_____ Student Financial Services

_____
*** STUDENT SIGNATURE DATE

_____
ADVISOR SIGNATURE DATE

_____
STUDENT FINANCIAL SERVICES OFFICE SIGNATURE DATE

_____
REGISTRAR'S OFFICE SIGNATURE DATE

***** I am aware that I am responsible for payment of charges incurred as a result of this withdrawl transaction. Please refer to course schedule for refund policy. I, the student, hereby agree, in the event of default in the payment of any amount due, promise to pay an additional charge equal to collection costs, including attorney fees, court costs, and other fees.**

Revised: 08/30/05