



Total Withdrawal From College

Student is responsible for completing this form. When complete submit to the Records Office.

For Office use only

(March 1, 2018)

Date received _____ Staff _____

Please print! Date: _____ Semester/Year _____

Name _____ Student ID number: _____

Address _____ City _____ State _____ Zip _____

Cell _____ Email _____

Reason for Withdrawal _____

Do you expect to re-enroll at FDLTCC? (circle one) Yes No

Is there anything that FDLTCC could have done to help you this term? If yes, please explain below. _____

Student signature _____ Date _____

Advisor – Name _____ Signature _____ Date _____

Please obtain signatures from all departments listed below.

Note to Student: Do not consider yourself withdrawn until you receive a signed copy of this form from the FDLTCC Records Office.

Financial Aid

Refund needed? _____

Financial Aid _____ Date _____

Business Office

Tuition _____

Tuition Refund: Yes ___ No ___ % ___

Emergency Loans _____

Business Office _____ Date _____

Library

Materials Due: Yes ___ No ___

Library _____ Date _____

Administration

Vice President, Academic Affairs _____ Date _____

Dean, Student Services _____ Date _____

Copies.

Financial Aid Office, Business Office, Student

Records Office _____ Date _____