

Total Withdrawal From College

Please submit completed form to the Records Office

Date _____

Semester/Year _____

Name _____ Student ID Number _____

Address _____ City _____ State _____ Zip _____

Cell _____ Email _____

Reason for Withdraw: Check all that apply

Daycare Issues

Financial *Please explain* _____

Health Issues

Job Demands / Need to Work

Not Prepared for College

Personal Issues

Transportation Issues

Other _____

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

If yes, which term? _____

What could FDLTCC have done to support you this term? Please explain. _____

Student Signature _____ Date _____

Advisor Name _____ Date _____

Records Office Signature _____ Date _____

Copies to: Student, Financial Aid, Business Office

February, 2022