

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 – Not Enough Financial Aid
- 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