



OFFICIAL WITHDRAWAL FORM

CAMPUS _____
CURRENT DATE _____
LAST DATE OF ATTENDANCE _____

Directions: The student should answer all questions.

SOCIAL SECURITY OR STUDENT ID NUMBER _____ LAST NAME, FIRST NAME, MIDDLE _____ MAIDEN _____ DATE OF BIRTH _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____ TELEPHONE _____
CURRENT PROGRAM _____ DEGREE ____ DIPLOMA ____ CERTIFICATE ____
STATUS (CIRCLE ONE) DEV/ PROVISIONAL / REGULAR ADVISOR: _____

PROGRAM WITHDRAWAL INFORMATION

EMPLOYER INFORMATION

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Email: _____
Phone #: _____
Contact: _____

A. REASONS FOR LEAVING PROGRAM

PRIOR TO COMPLETION (CIRCLE ONE ONLY)
1. Academic Deficiency
2. Disciplinary
3. Financial
4. Personal
5. Medical
6. Moved
7. Deceased
8. Completed
9. Other _____
Personal Objective

EMPLOYMENT STATUS

(CHECK ONE ONLY)
1. EMPLOYED IN FIELD _____
2. EMPLOYED IN RELATED FIELD ____
3. EMPLOYED IN UNRELATED FIELD
4. UNEMPLOYED _____
5. STATUS UNKNOWN _____
6. CONTINUED EDUCATION _____
7. MILITARY _____
8. UNAVAILABLE FOR EMPLOYMENT
9. REFUSED EMPLOYMENT ____
10. EMPLOYED IN FIELD AND CONTINUING EDUCATION____
11. EMPLOYED IN RELATED FIELD AND CONTINUING EDUCATION____
12. EMPLOYED IN UNRELATED FIELD AND CONTINUING EDUCATION ____

Continuing Ed. Info.: _____

COMPLETION OF THIS FORM DOES NOT AUTOMATICALLY ENTITLE STUDENTS TO A REFUND. TO RECEIVE A REFUND STUDENT MUST WITHDRAW DURING THE FIRST THREE CALENDAR DAYS OF THE SEMESTER. TO DROP A CLASS EMAIL: Registrar@westgatech.edu .

Pell Recipients – Withdrawing from class may result in a recalculation of your Title IV award. You may owe Title IV fund back to WGTC.

STUDENT'S SIGNATURE: _____ DATE: _____

STUDENT SERVICES (IF NEEDED): _____ DATE: _____

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