

Chattahoochee Valley Community College Withdrawal Request

I am requesting to be withdrawn from **ALL COURSES** I am registered.

If you have completed and received a grade in one of the mini-terms already this semester, and are trying to withdraw from your remaining classes you need to submit the drop form not this withdrawal request.

Please Print Clearly:

Federal Aid Recipient

Date	CVCC ID	Name (Last, First, MI)	Term
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Mailing Address (Street, City, State, Zip)

Email Address	Telephone
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I request withdrawal from CVCC for the following reasons: (Please mark all boxes that apply)

Financial
 Family Responsibility
 Employment
 Medical
 Military
 Moving
 Social
 Personal
 Academic Difficulty
 COVID-19
 Transferring to another school, list institution below
 Other, specify below

Please list all the courses you are currently enrolled and have your instructor approve your withdrawal.

COURSE NUMBER	SECTION NUMBER	COURSE NAME	INSTRUCTOR	INSTRUCTOR/ADVISOR SIGNATURE



Student Acknowledgment:

If I received financial aid, federal regulations may require that a portion of my aid be returned. CVCC will return these funds to the Department of Education on my behalf, which may result in my having to reimburse CVCC. Student Initials _____

If I received Federal Direct Student Loans (Subsidized or Unsubsidized) I am required to complete Direct Loan Exit Counseling. Student Initials _____

My enrollment status change will be reported to the National Student Clearinghouse which could result in my loan being placed in the grace period, and I could be required to begin loan repayment. Student Initials _____

If I received VA Benefits, I need to speak with my CVCC School Certifying Official. Student Initials _____

Student athlete must also have approval from the Athletic Director prior to my withdrawal. Student Initials _____

_____ Student Signature

_____ Date of Withdrawal

You must clear your status with the offices listed below by obtaining required signatures (in order listed).

Athletic Director (Athletes Only)

_____ Athletic Director Signature

Instructors

SIGNATURES ON PAGE ONE OF REQUEST

Learning Resource Center

_____ Learning Resource Center Signature

Financial Aid Office

R2T4 Required: ___ YES ___ NO

Direct Loan Exit Counseling Required: ___ YES ___ NO

SAP Counseling Completed: ___ YES ___ NO

VA Benefit Counseling Completed: ___ YES ___ NO

_____ Financial Aid/VA SCO Office Signature

Business Office

_____ Business Office Signature

Admission Office

Received: _____ Processed: _____

_____ Admissions Office Signature

