



WITHDRAW FROM SCHOOL

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Name: _____
 Last First Middle Initial

Address: _____
 Street or PO Box

_____ City State Zip Code

Phone: _____ **Email:** _____

Major: _____

Semester of Withdrawal: _____

Note to Student:

- Your complete withdrawal could affect financial aid, academic standards, degree progress, and insurance coverage;
- You remain responsible for any financial obligations such as tuition, fees, financial aid, library book fines, parking tickets, property damage, etc.;
- You must submit your BridgeValley Community and Technical College student ID with this form;
- You must attach all appropriate documentation to support your request for a complete withdrawal;
- For consideration, this form must be completed and returned to the Office of the Registrar prior to the deadline published in the academic calendar.

Student: _____ **Date:** _____

Academic Advisor: _____ **Date:** _____

Student Services: _____ **Date:** _____

Cashier: _____ **Date:** _____

Financial Aid: _____ **Date:** _____

Registrar: _____ **Date:** _____

Effective Date: _____