

COMPLETE WITHDRAWAL FORM

Please complete and fax to Office of Admissions and Records: (703) 433-0378

Today's Date _____

Student Information (please print)

Last Name _____ First Name _____

Home Phone _____ E-Mail _____

List all classes in which you are currently enrolled*

Class Name	Effective Date	Student Initials
1.		
2.		
3.		
4.		
5.		
6.		

There will be a \$25.00 **Drop Fee for each class*

Reason(s) for withdrawing:

Signature (Parent must sign if student is under 18 years old)

FOR OFFICE USE ONLY:

Drop Fee: _____
 Past due: _____
 Amount owed: _____
 Refund: _____
 Date Processed: _____
 Staff Initials: _____