



OFFICIAL WITHDRAWAL FORM (Withdrawal From All Classes)

This Official Withdrawal Form may be submitted in-person or through your LCCC student e-mail account.

Please Note: You are initiating a withdrawal from a term for which you may have received financial aid funds. Federal regulations and College policy may require that you repay a portion of the funds. Your financial aid may be prorated according to your date of withdrawal and funds already credited to your student account may be reduced. This may create a balance on your account that you will be required to pay.

Please contact your counselor/advisor to initiate the withdrawal process. A student finding it necessary to withdraw from the College has approximately 10 weeks after classes commence each semester to process the withdrawal. Please refer to the current College Catalog for specific deadline dates and refund policies. **Students who have registered for courses but do not attend classes, are financially responsible for a portion of their tuition if they do not formally withdraw prior to the start of the semester.**

PART I (To be completed by the student) *Please Press Firmly – 4 Copies Being Made*

Semester: Fall Spring Summer I Summer II Winter Intersession Year: _____

Student Name _____ Date of Withdrawal _____

Student I.D. _____

Student Initial _____ I am aware this change may affect my financial aid
_____ I chose not to see my counselor
_____ I am aware this withdrawal is after the refund period

Reason for Withdrawal: Employment (A01) Military (A02) Medical (C04)
 Transfer to another 2-Year College (A06) Transfer to an other College/University (A07)
 Academic Difficulty (C01) Dissatisfaction with the College (C02) Financial Difficulty (C03)

I plan on returning to LCCC: Yes No. If Yes, what semester (list year): Spring _____ Fall _____

Comments: _____

Student Signature: _____ Counselor/Advisor: _____
Today's Date *Date*

AFTER MEETING WITH YOUR COUNSELOR/ADVISOR, PLEASE TAKE THIS FORM TO THE FINANCIAL AID OFFICE. THIS FORM MUST BE RECEIVED IN FINANCIAL AID WITHIN 2 WEEKS OF THE STUDENT MEETING WITH HIS/HER COUNSELOR.

PART II (To be completed by Financial Aid and Registrar's Office)

Financial Aid Office _____ Date Received _____ Financial Aid Signature _____

Current Aid Recipient? Yes No List Type of Aid Received: _____

Registrar's Office _____ Date Received _____ Registrar's Office Signature _____