



# LATE WITHDRAWAL REQUEST

PLEASE READ CAREFULLY AND INITIAL WHERE INDICATED:

I AM NOT A FINANCIAL AID RECIPIENT.

I AM A FINANCIAL AID RECIPIENT AND UNDERSTAND THAT IF THIS REQUEST IS GRANTED IT MAY IMPACT THE FINANCIAL AID RECEIVED FOR THIS TERM AND/OR ANY FUTURE TERM IF THE STANDARDS OF ACADEMIC PROGRESS ARE NOT MET.

The late withdrawal process takes approximately four to six weeks. **SUBMITTING A LATE WITHDRAWAL REQUEST FORM DOES NOT OFFICIALLY WITHDRAW YOU FROM A CLASS OR THE COLLEGE.** Decisions will be based on the documentation provided. You will be notified in writing of the Appeals Committee's decision. **Please note that requests will not be granted beyond one calendar year from the term in question.**

Supporting documentation, as indicated below, **MUST** accompany late withdrawal requests based on a College action or a personal emergency.

Medical – a letter from your physician or health care agency, on company letterhead, specifically indicating an illness of such severity or duration that prevents you from continuing in your course(s). The letter must include dates of the illness and treatment.

Employment – a letter from your employer, on company letterhead, indicating that your employer changed your work schedule and that this change prevents you from completing the term. The letter must include old and new work hours and the effective date.

Death of Immediate Family Member – documentation of the death and your relationship to the deceased. Immediate family members are limited to spouse, child, parent and sibling.

College Change or Error– a letter from the appropriate college official documenting the situation in which the college was in error or initiated an action that caused you to have to withdraw.

PLEASE PRINT

Term:  Fall  Spring  Summer  Year \_\_\_\_\_

Location:  Belle Glade  Boca Raton  Lake Worth  Palm Beach Gardens

NAME \_\_\_\_\_ Student ID \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LAST DAY OF ATTENDANCE: \_\_\_\_\_ (Instructor must send verification to Campus Registrar)

Are you receiving any of the following? **If so, please be advised that a late withdrawal may affect your financial aid status.** (Check all that apply):

Pell Grant  Student Loans  PIC  JTPA  Veteran Affairs  Scholarships  Accounts Receivable

Are you an international student?  Yes  No **If yes, contact your counselor as late withdrawal may affect immigration status.**

COURSE(S) for which you are requesting a late withdrawal:

COURSE REFERENCE #

COURSE TITLE

Reason for request (documentation is required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_MEDICAL  
\_\_\_EMPLOYMENT  
\_\_\_DEATH OF FAMILY MEMBER  
\_\_\_OTHER (SPECIFY BELOW)

JUSTIFICATION FOR REQUEST \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_