



# Withdrawal Form

Fall  Spring  Summer of \_\_\_\_\_

Admissions & Registration | P.O. Box 929 | Yuma, AZ 85366-0929 | (928) 344-7550 | FAX (928) 344-7543

**Student Information** (please print) Date of Birth \_\_\_\_\_ AWC ID# \_\_\_\_\_

Name Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

My information on file is correct. (Skip to Withdrawal Information.)  I am updating my information.

Address Street (P.O. Box) \_\_\_\_\_ Phone # Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work \_\_\_\_\_

AWC Email Address \_\_\_\_\_ Cell \_\_\_\_\_

### Withdrawal Information (Course-Section # example—ACC 111-003)

Course-Section Number	Course Title	Last Date Attended *
- -		
- -		
- -		
- -		
- -		
- -		
- -		
- -		

\* Last date attended must be provided for processing the withdrawal form.

**Are you receiving financial aid?** (grants and/or loans)  Yes  No

Withdrawing from classes may affect a student's financial aid status. Please contact the AWC Financial Aid Office for further information.

**Are you receiving Veteran Educational Benefits?**  Yes  No

Withdrawing from classes may affect a student's benefit status. Please contact the AWC Veteran Services Office for further information.

### Reason for Withdrawal? (Check all applicable. You must check one.)

- Academic Issues
- Course Too Difficult
- Financial Issues
- Transportation Issues
- Child Care Issue
- Course Too Easy
- Time Conflict with Employment
- Medical
- Course Scheduling Conflict
- Faculty Member Conflict
- Time Conflict with Family Obligations
- Other \_\_\_\_\_

**Do you plan to return to AWC?**  Yes  No **When?** \_\_\_\_\_

### Signatures

#### Withdrawal of Financial Aid Students

In accordance with federal regulations (34CFR 668.22), a student may be required to repay federal financial aid funds if they completely withdraw or are withdrawn, or fail to earn a passing grade from all classes during a semester. Further information is available at the college Office of Student Financial Aid. This could affect a student's ability to receive Financial Aid in the future at any school.

Student: (required) \_\_\_\_\_ Date: \_\_\_\_\_

Admissions & Registration: rec'd by \_\_\_\_\_ Date: \_\_\_\_\_ processed by \_\_\_\_\_ Date: \_\_\_\_\_