



Instructions for completing a Fillable PDF form

- **PC/MAC Users**
 - Use a desktop or laptop only computer to fill out forms, **NO MOBILE DEVICES**.
 - Users of Windows and Mac **must only use** the free **Adobe Reader**.
 - To download Windows or Mac version to your computer
<https://get.adobe.com/reader/>

- **How to open the PDF and save to your computer:**
 - Open the PDF file link from our website.
 - <https://www.trinitycollegeqc.edu/forms-and-resources.aspx>
 - Academic & Student Services Forms
 - [College Withdrawal Form](#)
 - **Right click** on the form and **click “Save as”**.
 - **Save** the file to your computers Desktop or Documents folder.
 - Open the form with **Adobe Reader**.
 - Fill in your complete information.
 - Once completed, go to **File** and select **“Save”** or **“Save as”** version of the file to your computer.

- **How to attach PDF to your email.**
 - Open your email service.
 - Create an email and attach your filled PDF form and send to
Cara.Banks@trinitycollegeqc.edu



College Withdrawal Form

A student withdrawing from Trinity College must secure a signed College Withdrawal Form within 10 business days of requesting to be dropped from a course in order to officially withdraw. The official withdrawal date will be the date the Financial Aid Specialist or Business Services Specialist designates per Department of Education regulations. If a student leaves without properly processing a withdrawal, the official withdrawal date will be the date Trinity College becomes aware of the student's withdrawal, or the midpoint of the term, whichever is earliest. Students who do not follow the withdrawal process may be assigned a grade of "F" and refunds will not be granted. Transcripts will not be issued unless all financial obligations to the College are met.

Full Name _____

Personal Email _____

Date of Birth _____

Program _____

Reason for withdrawal _____

- I have been given the opportunity to review the refund policy in the College Catalog.
 Failure to return my College-issued badge will result in a \$25 fee being added to my tuition account.

Student Signature _____

Date _____

ADVISOR/ADMINISTRATIVE

Reason for withdrawal: _____

Last Date of Attendance:		Is Student registered for courses in the upcoming term? (If yes, please drop via portal and submit this form within 10 business days)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photo Badge returned? (student will be billed \$25)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Student currently enrolled in Gen Ed classes? (If yes, do not complete form until within one week of end of term) <input type="checkbox"/> Add/Drop Form completed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Advisor or Program Coordinator Signature _____

Date _____

FINANCIAL AID/BUSINESS SERVICES SPECIALIST

<input type="checkbox"/> Financial Aid Policies reviewed	<input type="checkbox"/> NSLDS updated
<input type="checkbox"/> Exit interview conducted/mailed	<input type="checkbox"/> Transcript policy reviewed
<input type="checkbox"/> Student account balance _____	<input type="checkbox"/> Official Withdrawal Date _____

Financial Aid or Business Services Specialist Signature _____

Date _____

CONFIRMATION OF WITHDRAWAL

Dean Signature _____

Director of Student Services Signature _____

- UPHT access terminated
 Email to Advisor & Student

- Badge Access Terminated
 Uploaded to CAMS



Add/Drop Form: General Education Courses & Clinical Make-Up Unit

Fall Semester 20 _____

Spring Semester 20 _____

Summer Semester 20 _____

STUDENT NAME: (Top portion must be completed in its entirety.)

(Student Last Name) (First Name) (Middle Name)

(Address) (City, State) (ZIP)

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Social Security# _____ - _____ - _____ Birthdate: _____ - _____ - _____

Student's E-mail Address: _____

CLASSIFICATION:

- AAS BSHS BSN MSN

COURSE NAME (i.e. Bio 145)	Check box if "online" course	5 OR 6 DIGIT COURSE NUMBER <i>*this must be present to process registration form</i>	SECTION NUMBER	SEMESTER HOURS	PROVIDING INSTITUTION (POR, BHC, EICC)	A - Add D - Drop

CMU COURSE	FACULTY	DATE OF CMU	A - Add D - Drop

Advisor Signature: _____ Date: _____

REFUND POLICY

It is very important to be aware of the Refund Policy. The Refund Policy varies by the institution in which the courses are offered, therefore students should check the Refund Policy for that institution.

I AUTHORIZE THE DEDUCTION OF ANY FINANCIAL ASSISTANCE TO PAY TUITION AND FEES FOR COURSES ON THIS REGISTRATION FORM. I REALIZE I MUST BE IN REGULAR CLASS ATTENDANCE TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

Your signature on the line below indicates that you have read and understood all of the information concerning registration and financial assistance. **This form will not be processed without a student signature.**

Student's Signature: _____ Date: _____

<p>For Office Use only:</p> <p><input type="checkbox"/> Faxed</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Billed</p> <p><input type="checkbox"/> Financial Aid</p>
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