



## 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



## Course Withdrawal Form

Submit with College Withdrawal Form or Leave of Absence Form or Request for Change in Program and/or Graduation Date Form

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:**

- BSN       MSN       BSHS       AAS

COURSE NAME (i.e. Bio 145)	Check box if "online" course	5 OR 6 DIGIT COURSE NUMBER *this must be present to process registration form	SECTION NUMBER	SEMESTER HOURS	PROVIDING INSTITUTION (POR, TC, BHC, EICC)	WF - Withdrawal Failing WP - Withdrawal Passing W - for BHC & EICC

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><b>For Office Use only:</b></p> <p><input type="checkbox"/> Registrar</p> <p><input type="checkbox"/> Bursar</p> <p><input type="checkbox"/> Financial Aid Specialist</p>
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