



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: _____

For Office Use only:

Registrar

Bursar

Financial Aid Specialist



Leave of Absence Form

IDENTIFICATION

First Name _____

Middle Name _____

Last Name _____

Personal Email Address _____

Students who are performing satisfactorily and find it necessary to interrupt their course of study for personal reasons may be granted a Leave of Absence (LOA) upon approval of their advisor. A student will not be granted more than two leave of absences in a 12 month period. The leave of absence or any additional leave of absence may not exceed 180 days in any 12 month period. If a student leaves without properly processing a LOA, a grade of "F" may be assigned for incomplete courses and refunds will not be granted. Transcripts will not be issued unless all financial obligations to the College are met.

STUDENT

Submit this form within 10 business days of requesting a course drop

Program of Study _____

I am requesting a leave of absence from the above program at Trinity College of Nursing & Health Sciences. The reason for my leave of absence is:

I plan to return to the program (mm/dd/yyyy) _____

I have read the Refund Policy in the College Catalog.

Student Name: _____

Date: _____

CONFIRMATION OF LEAVE OF ABSENCE

Dean Signature Date

Director of Student Services Signature Date

Removed from MLI List

Email to Advisor & Student

Date

White Copy - Student File

Yellow Copy - Advisor

Pink Copy - Student

ADVISOR/ADMINISTRATIVE - Submit this form within 10 business days.

Reason for Leave of Absence

Last Date of Attendance if known: _____

Is Student registered for courses in upcoming term? Yes No
(If yes, courses drop via portal)

Is Student currently enrolled in Gen Ed classes? Yes No
(If yes, do not complete form until within one week of end of term)

Form completed and attached

Is Student a Trinity Employee? Yes No
If no, was Photo Badge returned? Yes No
(student will be billed \$25)

Advisor Signature Date

FINANCIAL AID SPECIALIST

Financial Aid Policies reviewed

Exit Interview conducted/mailed

NSLDS Updated

Official Date of Leave of Absence: _____

Financial Aid Specialist Signature: Date

BURSAR

Charges Paid in full

Refund Policy reviewed

Transcript Policy reviewed

Bursar Signature: Date

EXECUTIVE ASSISTANT

Notification of badge code removal from doors

Exec. Asst. Signature: Date