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## Student Withdrawal from College

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Original Adoption: June 1, 2007  
Effective Date: June 1, 2007  
Last Revision: August 21, 2014

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Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Program: \_\_\_\_\_ SSN - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

Are you receiving any type of financial aid? \_\_\_\_\_

No       Yes      What type? \_\_\_\_\_

**Please provide reasons for withdrawal**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Medical    | <input type="checkbox"/> Lack of Child Care |
| <input type="checkbox"/> Disciplinary        | <input type="checkbox"/> Relocation | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Financial           | <input type="checkbox"/> Personal   | <input type="checkbox"/> Other _____        |

**Please provide Employment Information:**

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Contact (Supervisor): \_\_\_\_\_

Self Employed

Employer Phone: \_\_\_\_\_

Employer Fax: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Full Time    Part Time   Number of hours per week: \_\_\_\_\_    Employment Related to Program Major

*For Office Use Only*

<b>Refund:</b> _____ <b>75%</b> _____ <b>50%</b> _____ <b>25%</b> _____ <b>No Refund</b>	
<b>Received By:</b> _____	<b>Date:</b> ____/____/____
<b>Processed By:</b> _____	<b>Date:</b> ____/____/____

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Fiscal Office Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Financial Aid Officer**

\_\_\_\_\_  
**Date**

*Policy Reference:*

Louisiana Technical College Policy No. IS100.47  
LTC Policy IS100.47 Student Withdrawal from the College

Approved:



\_\_\_\_\_  
Dianne Clark  
Interim Director