



Policy No. IS100.47
Northwest Louisiana Technical College

Student Withdrawal from College

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

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

Refund: _____ 75% _____ 50% _____ 25% _____ No Refund

Received By: _____ Date: ____/____/____

Processed By: _____ Date: ____/____/____

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