

## COMPLETE WITHDRAWAL FORM

*Please complete and fax to Office of Admissions and Records: (703) 433-0378*

Today's Date \_\_\_\_\_

***Student Information (please print)***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**List all classes in which you are currently enrolled\***

Class Name	Effective Date	Student Initials
1.		
2.		
3.		
4.		
5.		
6.		

*\*There will be a \$25.00 **Drop Fee** for each class*

***Reason(s) for withdrawing:***

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\_\_\_\_\_  
*Signature (Parent must sign if student is under 18 years old)*

**FOR OFFICE USE ONLY:**

Drop Fee: \_\_\_\_\_  
 Past due: \_\_\_\_\_  
 Amount owed: \_\_\_\_\_  
 Refund: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_