

Withdrawal Request Form

Date:

Student Information

Last Name	First Name	MI
Home Phone	Cell Phone	Email Address
Street Address		
City	State	Zip Code

Guardian Information (if applicable)

Last Name	First Name	MI
Home Phone	Cell Phone	Email Address
Street Address		
City	State	Zip Code

Withdrawal Request Form

I, am withdrawing from the Erskine Green Training Institute effective . I have read and understand the Refund and Withdrawal Policies.

Reason for Withdrawal

- Academic Difficulty
- Administrative Disciplinary
- Dissatisfied
- Financial
- Family Situation
- Medical Reasons
- Attend other Institution
- Other:

Student Signature

Guardian Signature (if applicable)

Staff Use Only

Signature of Institute Staff (upon receiving the Withdrawal Request form)

Date Received by Staff