



## CENTRAL ALABAMA COMMUNITY COLLEGE

### Withdrawal

☐ Partial ☐ Complete

Student ID #: \_\_\_\_\_ Name: \_\_\_\_\_ Semester: \_\_\_\_\_

☐ First Time Freshman ☐ Returning Student ☐ Transient

Course Number	Section Number	Course Name	Credit Hours

NOTE: Students who withdraw from a course will receive a grade of "W" provided this form is completed and returned to Student Services by the "last day to withdraw from a class" date. **There is NO refund due to a student who partially withdraws after the official drop/add period.**

If you receive any aid listed below, please check the corresponding box(s):

☐ VA benefits ☐ Pell Grant ☐ Scholarship ☐ Direct Loans ☐ Athletic Scholarship\*

#### Reason(s) for withdrawal:

- |                                                                      |                                                                                       |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Decide to attend another college            | <input type="checkbox"/> Unhappy with my grades                                       |
| <input type="checkbox"/> Health-related problem (personal or family) | <input type="checkbox"/> Courses were too difficult                                   |
| <input type="checkbox"/> Moving to a new location                    | <input type="checkbox"/> Courses were not challenging                                 |
| <input type="checkbox"/> Transportation difficulties                 | <input type="checkbox"/> Dissatisfied with academic advising                          |
| <input type="checkbox"/> Child care not available or too costly      | <input type="checkbox"/> Dissatisfied with quality of instruction                     |
| <input type="checkbox"/> Family responsibilities                     | <input type="checkbox"/> Class scheduling problems                                    |
| <input type="checkbox"/> Accepted a full-time job                    | <input type="checkbox"/> Issues with faculty or staff                                 |
| <input type="checkbox"/> Unable to obtain financial aid              | <input type="checkbox"/> Faculty were unavailable for assistance with class           |
| <input type="checkbox"/> Encountered unexpected expenses             | <input type="checkbox"/> Conflict between work, class schedules, and personal demands |

Do you plan to return to CACC in the future? ☐ Yes ☐ No

I have read and I understand the above statement and I wish to withdraw from the course(s) listed above. I understand it is my responsibility to get all signatures before turning in the form to Student Services to be processed. **Signatures must be signed in the order listed below.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Coach (if athlete): \_\_\_\_\_
- 2) Financial Aid Office: \_\_\_\_\_
- 3) Cashier: \_\_\_\_\_
- 4) Student Services Representative: \_\_\_\_\_

**PLEASE SUBMIT TO STUDENT SERVICES FOR PROCESSING (student-services@cacc.edu)**

#### ***For Office Use Only***

**Processed By:** \_\_\_\_\_

**Email notification to student:** \_\_\_\_\_

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