

# Program Withdrawal Form



Committed to  
excellence in education

This form is required for students who wish to withdraw from a program at NWSC. Students must complete, sign, and submit to their instructor.

**Complete the information below, and sign the form.**

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

Street Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Program Enrolled \_\_\_\_\_

\_\_\_ Student Withdrawal                      \_\_\_ Administrative Withdrawal

Last Date of Attendance \_\_\_\_\_ Instructor's Name \_\_\_\_\_

Reason for Withdrawal:

\_\_\_ Financial: Please specify: \_\_\_\_\_

\_\_\_ Transfer: Please specify school's name: \_\_\_\_\_

\_\_\_ Medical

\_\_\_ Military Deployment

\_\_\_ Other: Please explain: \_\_\_\_\_

I understand that I must clear all outstanding financial obligations, and until the Accounts Dept. does not confirm all clearances, I cannot receive transcripts or degrees upon request.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

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