

Program/Course Withdrawal Request Form

Student Information (Legal Name)

Last Name/Surname:	First/Given Name:
Email:	Phone:
Student ID:	Current Session: Fall A <input type="checkbox"/> Fall B <input type="checkbox"/> Spring A <input type="checkbox"/> Spring B <input type="checkbox"/> Summer <input type="checkbox"/> Year:

I am requesting a (select one):

Program Withdrawal

Course Withdrawal

List below the course(s) you are requesting to withdraw from:

Reason For Withdrawal

Academic: No longer need course Course too difficult, etc. Other: _____

Personal: Family responsibilities work schedule conflict Other: _____

Student Signature:	Date:
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ELI Refund Policy: There will be no program fee refunds after the third week of classes.

- 75% refunded if withdrawn before the end of the first week.
- 50% refunded if withdrawn before the end of the second week.
- 25% refunded if withdrawn before the end of the third week.

To Be Filled out by Academic Advisor

Withdrawal Approved: <input type="checkbox"/> 1 st week <input type="checkbox"/> 2 nd week <input type="checkbox"/> 3 rd week	
Withdrawal Denied: <input type="checkbox"/>	
Advisor's Name & Title:	
Email:	Phone:
Signature:	

For ELI Use Only

Received by:	
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