

# Cabarrus College of Health Sciences Student Withdrawal Form



**Instructions: PLEASE READ CAREFULLY.**

This form enables a student to 1) voluntarily withdraw from a course(s) after the Drop/Add deadline, 2) voluntarily withdraw from the College or 3) request a Curriculum Leave of Absence. This form also enables instructors, advisors and program chairs to request administrative withdrawals from the college or a specific course due to non-attendance.

The student or the initiator of the administrative withdrawal should complete the top of the form in its entirety. The student will then meet with their Academic Advisor who will complete the last date of attendance and final grade sections on the form. For course withdrawals, the student must obtain the faculty members signature. If the student is requesting a Curriculum Leave of Absence, they would then meet with their Program Chair. The Academic Advisor, Program Chair or Faculty Member will then return the form to the Office of Student Records and Information Management for processing.

<b>Action Requested:</b>	<input type="checkbox"/> Course Withdrawal <input type="checkbox"/> Administrative Course Withdrawal	<input type="checkbox"/> Withdrawal from Cabarrus College	<input type="checkbox"/> Administrative Withdrawal from Cabarrus College <input type="checkbox"/> Curriculum Leave of Absence (CLOA) Intended Return Date: _____
<b>Enrolled Program:</b> _____			
<b>Brief Explanation of Reason for Withdrawal:</b> _____			
<b>Classes remaining enrolled in this term:</b> _____			

Name	Student ID #	Last Four of SSN	Date of Birth																		
Street Address																					
City		State	Zip																		
Non-College Email		Phone Number																			
Course Title/Number	Credits	Instructor Signature (for course withdrawals only)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Last Date Attended (completed by Advisor)</td> <td style="width: 20%; text-align: center;">Final Numerical &amp; Letter Grade (completed by Instructor or Advisor)</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Last Date Attended (completed by Advisor)	Final Numerical & Letter Grade (completed by Instructor or Advisor)																
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**Consequences of withdrawal:**

1. **Grades:** Course withdrawal results in a grade of *Withdraw Failing (WF)* (less than 60) or *Withdraw Passing (W)* depending on grade earned. If you are enrolled in a credit course and do not expect to successfully complete that course, you will need to withdraw before 70% of the course has been completed or you will earn the grade. Withdrawal from a required course may affect your ability to remain in a healthcare program.
2. **Status Change:** Withdrawal from a clinical program. If you wish to remain enrolled in the college in the Associate of Science Degree Program you must complete a Change of Major Request Form for evaluation.
3. **Financial Aid:** If you are receiving financial aid or veteran's benefits, withdrawal can affect current and/or future eligibility for financial assistance. Please consult with the Director of Financial Aid and review the published refund policy.
4. **CHS Student Loan Forgiveness Program:** If you participated in the CHS Student Loan Forgiveness Program, you will receive a balance statement. Please refer to the Loan Program and Refund Policy for details. Loans are due within 60 days of withdrawal. Your loan information will be forwarded to a third party billing agency for collection.
5. **Tuition:** If you have paid tuition in advance for a semester, you will need to provide evidence of your withdrawal to the Business Office for determination of possible refund, proper disposition of tuition/fees paid and exit counseling.
6. **Security:** You must return your ID badge with this form unless you are remaining enrolled.
7. **For CLOA only:** It is the responsibility of the student to contact the Office of Student Records and Information Management when they plan to return.

I have read the information above and understand the responsibilities and consequences of taking a CLOA or withdrawing from a course or the college.

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

<b><u>Administrative Use Only</u></b>									
<b>Academic Advisor</b>	Date	<b>Program Chair</b> (For CLOA only)	Date	<b>Registrar</b> Official Date of Withdrawal: _____	Date	<b>Director, Financial Aid</b>	Date	<b>Business Office</b>	Date