

WITHDRAWAL FROM THE COURSE

Last Name		First Name	
Student ID:		Phone Number	
Email:		Today's Date	
Program		Course Language	
<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		Year:	

Students who submit a cancellation of registration after the first day of instruction are eligible for partial refunds based on a pro-rated formula. Withdrawal is not allowed after the sixth week of instruction.
 Students who withdraw from class after the sixth week will receive a failing grade of "WF".

Course #	Course Name	Instructor	Units/Hrs

OFFICE USE ONLY

Number of Units x (\$172 for MAcHM, \$345 for DAcHM) x Percentage Refund/Charge = Total Refund/Charge Amount

CLASS

Refund: _____ Units × \$172 × _____ % = \$ _____ Total
 Charge: _____ Units × \$172 × _____ % = \$ _____ Total

INTERNSHIP

Refund: _____ Hours × \$15 × _____ % = \$ _____ Total
 Charge: _____ Hours × \$15 × _____ % = \$ _____ Total

Student Signature

Clinic Manager (if applicable)	_____	Date: _____
International Student Advisor (if applicable)	_____	Date: _____
Financial Aid Officer (if applicable)	_____	Date: _____
Finance Office	_____	Date: _____
Registrar	_____	Date: _____