

VERMONT TECH

Office of the Registrar

WITHDRAWAL FORM

Prior to withdrawing from Vermont Tech, please discuss this decision with your advisor, counselor, parent(s), guardian(s) and/or significant other.

Today's Date: _____

Student name: _____ ID: _____

Current program: _____ Campus: _____

I hereby petition to withdraw from Vermont Technical College and drop all currently enrolled classes. I understand that if this petition is made after the 60% point of the term, I will receive earned/failing grades and may not be entitled to tuition reimbursement. Medical withdrawals after the 60% point will require written supporting documentation for this request from a physician or medical practitioner. Briefly explain the reason(s) for this withdrawal:

(advisor/counselor signature) (print name) (date)

(signature/ parent signature, if student is under age 18)

Please meet with or contact each of the following, and return this form to the Registrar's Office.

1. Center for Academic Success _____
(signature & date or contact name & date)
2. Financial Aid: Exit interview _____
(signature & date or contact name & date)
3. Business Office: Account set _____
(signature & date or contact name & date)
4. Residence Life/Housing:
- Key (s): Returned or N/A
- Student ID: Returned or N/A _____
(signature & date or contact name & date)

Registrar's official use only:

Date of last academic event _____

Unofficial withdrawal/date of determination of status change _____

Grades/status set _____

(signature & date)