TNTC
The National Teachers College

OFFICE OF THE REGISTRAR

REQUEST FOR WITHDRAWAL

Date: _____ Social Security Number _____ Phone: _____

Name: _____ Email _____
Last First Middle

Current Address: _____
Street City State Zip

Term: **Year:**	**School Where Placed if applicable:**	Last date of class attendance:
□ Summer _____ □ Fall _____ □ Spring _____		_____/_____/_____

I request to be withdrawn from all courses in which I am currently enrolled for the term listed above.
(I understand that I need to obtain the signature of my Program Director.)

Reason for withdrawal/leave (check all that apply and give as much detail as possible):

□ Personal □ Financial □ Medical □ Transfer □ Other _____

I have read and agree to comply with the items applicable to me as stated in the Graduate Bulletin, including schedule of refunds. If withdrawing after the first week of classes, I understand that all classes for which I am registered will have a grade of WD. I understand that withdrawal is not official or complete until I obtain appropriate signatures from the offices identified below and this form is processed by the College's Registrar's Office.

_____ _____
Student's Signature Date

_____ _____
Program Director's Signature Date