

# 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

<b>Term:</b> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring	<b>Year:</b> _____ _____ _____	<b>School Where Placed:</b> _____	Last date of class attendance: ____/____/_____
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**I request to be withdrawn from all courses in which I am currently enrolled for the term listed above.**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