



GED - REQUEST FOR TOTAL WITHDRAWAL

WITHDRAWAL REQUEST FORM

DATE: _____

STUDENT NAME: _____

[] The above student is hereby requesting total withdrawal from all courses for the _____ semester.
Semester *Year*

This withdrawal is temporary, and student is expected to re-enroll within the next two semesters. Student understands if s/he does not enroll within a year of this request s/he must re-apply for the GED Program. Application for the GED Program must be done at least two weeks in advance of the registration period for the term student wishes to re-enroll.

[] The above student is hereby requesting total withdrawal from the GED Program.

REASON FOR THIS REQUEST: *(Please state clearly your reason(s) for withdrawal)*

Student Signature

GED Coordinator

Please note that total withdrawal may not release you from your financial obligations to the university. Check with the university's Business Office for further information on the refund policy.

Withdrawal goes into effect as of the date the GED Office receives your **written** request.