

DATE: \_\_\_\_\_ MAJOR: \_\_\_\_\_ TERM: \_\_\_\_\_

CCGA ID: \_\_\_\_\_ NAME: \_\_\_\_\_

Last

First

MI

**NOTICE**

*Refunds will only be given for complete withdrawal from the college.*

*You must officially withdraw from each class in which you are enrolled to be eligible for a refund.*

*Refunds for partial withdrawals are only available prior to the first day of class or during add/drop period*

	CRN	Course Number	Time	Credits	Grade	Instructor Signature
<b>Drop</b>						
<b>Add</b>						

- Reason for Drop/Withdraw:**
- Academic
  - Personal Reasons
  - Financial Reasons
  - Work Obligations
  - Medical Reasons
  - Moving out of area
  - Other (please explain)

- Special Student Groups:**
- Are you receiving Financial Aid?    Yes   No
- Are you receiving VA Benefits?    Yes   No

Are you a Student Athlete:    Yes   No  
 If Yes, Athletic Compliance Officer's Signature:

Students Signature \_\_\_\_\_

Advisor \_\_\_\_\_

Financial Aid \_\_\_\_\_

Bursar's Office \_\_\_\_\_

Registrar's Office \_\_\_\_\_