



Total Withdrawal from all current classes at CEI

Date _____	Term _____	Program _____
Full Name _____	Phone _____	Student ID# _____
Forwarding Address _____	City _____	State _____ Zip _____
Student Signature _____		
Counselor/Advisor Signature _____		

Select any that apply

- Accepted training-related employment Employer _____ Phone _____
- Accepted training - non-related employment Employer _____ Phone _____
- Withdrawing/ No plans to return
- Withdrawing / Anticipated re-enrollment
- Medical Withdrawal Documents Attached / Anticipated re-enrollment

* Computer lab usage and most fees are NOT refundable. Medical insurance is NOT refundable after week 3 of the current semester.
 * A \$10 administration fee will be charged to process a withdrawal.

CEI Office Use only																															
Date Entered Current Program: _____		Last date of Attendance: _____																													
Refund: <input type="checkbox"/> Prior 100% <input type="checkbox"/> 1 st week 75% <input type="checkbox"/> 2 nd week 50% <input type="checkbox"/> 3 rd week 25% <input type="checkbox"/> Later 0%	Reason <input type="checkbox"/> Unofficial Withdrawal (Zero Credit) <input type="checkbox"/> End of Term/Did not Return <input type="checkbox"/> Suspension <input type="checkbox"/> Probation <input type="checkbox"/> Never Attended	Comments 																													
Instructor Email Date _____ Initials _____																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Instructor</th> <th style="width: 30%;">Section</th> <th style="width: 20%;">Last Date</th> <th style="width: 20%;">Grade</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Instructor	Section	Last Date	Grade																					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FA Signature _____</th> <th style="width: 50%;">Date _____</th> </tr> </thead> <tbody> <tr> <td>VA Signature _____</td> <td>Date _____</td> </tr> </tbody> </table>			FA Signature _____	Date _____	VA Signature _____	Date _____
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BO FA Calculation: _____ Applied to FA Owed: _____ Total \$ _____ Perc: Yes/No _____ Owed to/from Student \$ _____ Date refund issued: _____ Comments: _____																															
Registrar's Signature _____ Date _____																															