



Eastern Idaho Technical College

Total Withdrawal
 Unofficial Withdrawal (Zero Credit)

 Date Term Program

 Full Name SSN or Student ID#

 Forwarding Address City State Zip

 Student Signature Phone Alternate Phone

- Prior 100%
- 1st Week 75%
- 2nd Week 50%
- 3rd Week 25%
- Later 0%

 Counselor/Advisor Signature

Date Entered Current Program: _____ Last date of Attendance: _____

* 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

Accepted training-related employment before completion: Employer _____ Phone _____

Accepted training non-related employment Employer _____ Phone _____

- End of Term/Did not return
- Withdrawing/No plans to return or complete
- Withdrawing/Medical re-enrollment: _____
(Requires documentation after 10th week)
- Withdrawing/Anticipates re-enrollment: _____
- Suspension Probation
- Attendance Disciplinary
- Never attended
- Other: _____

Instructor	Section	Last Date	Grade
Initials _____		Date _____	

Comments: _____

FA Signature _____ Date _____ Comments

VA Signature _____ Date _____

BO FA Calculation: _____

Applied to FA Owed: _____ Total \$ _____ Perc: Yes/No BO FA Initials/Date _____

Owed to/from Student \$ _____ Date refund issued: _____ BO AP Initials/Date _____

Comments: _____

Registrar's Signature _____ Date _____

RGN FGID SACP STAD Transcript Withdrawal Spreadsheet PERC AR _____