College of Eastern Idaho

Total Withdrawal

Return to: Registrar's Office
Bldg. 3 Rm. 353
assistant.registrar@cei.edu
208-535-5673

Student Information

Date _____ Student ID _____

Full Name _____ Phone _____

Preferred Email _____

Term Withdrawing From: ☐ Fall ☐ Spring ☐ Summer Year _____

Re-Enrollment Decision

☐ Term planned to return _____ ☐ No plans to return

Reason for Withdrawal

☐ Changed Mind ☐ Too Difficult ☐ Financial Difficulties ☐ Instructor Concerns ☐ Emergency ☐ Other

Signature

☐ *By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.*

Student _____ Date _____

*Fees are non-refundable once the fee deadline passes at the beginning of the semester.
*Withdrawals received after the semester begins are assessed a $10 fee.

CEI Office Use

Date Entered Current Program _____ Last Date of Attendance _____

Tuition Refund by Week	**Hiatus or Full Withdrawal**
☐ Prior & 1st 100% ☐ 2nd 50% ☐ 3rd 25% ☐ Later 0%	☐ Hiatus (program active) ☐ Program Withdrawn

Reason

☐ Student Initiated ☐ Dismissed from program

Registrar Comments:

Registrar Signature _____ Date _____

Financial Aid & Veterans Affairs

PERC ☐ Yes ☐ No

FA Comments:

FA Signature _____ Date _____

VA Signature _____ Date _____

Business Office

Owed to Student _____ Owed from Student _____ PERC ☐ Yes ☐ No

BO Signature _____ Date _____

BO Comments:

Registrar Review Signature _____ Date _____

☐RGN ☐ FGID ☐ SACP ☐ STAD ☐ TRAN ☐ PERC ☐ Withdrawal Spreadsheet