



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
<input type="checkbox"/> Prior & 1 st 100% <input type="checkbox"/> 2 nd 50% <input type="checkbox"/> 3 rd 25% <input type="checkbox"/> Later 0%	<input type="checkbox"/> Hiatus (program active) <input type="checkbox"/> Program Withdrawn
Reason	
<input type="checkbox"/> Student Initiated <input type="checkbox"/> Dismissed from program	
Registrar Comments:	
Registrar Signature _____ Date _____	
Financial Aid & Veterans Affairs	
PERC <input type="checkbox"/> Yes <input type="checkbox"/> No	
FA Comments:	
FA Signature _____ Date _____	
VA Signature _____ Date _____	
Business Office	
Owed to Student _____ Owed from Student _____ PERC <input type="checkbox"/> Yes <input type="checkbox"/> No	
BO Signature _____ Date _____	
BO Comments:	
Registrar Review Signature _____ Date _____	
<input type="checkbox"/> RGN <input type="checkbox"/> FGID <input type="checkbox"/> SACP <input type="checkbox"/> STAD <input type="checkbox"/> TRAN <input type="checkbox"/> PERC <input type="checkbox"/> Withdrawal Spreadsheet	