



Total Withdrawal

Return to: Registrar's Office
 Bldg. 3 Rm. 309
 assistant.registrar@cei.edu

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 Program Withdrawn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

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