



# OFFICIAL WITHDRAWAL FORM (Withdrawal From All Classes)

This Official Withdrawal Form may be submitted to the Registrar's Office in-person (Building #5, Room 516) or through your LCCC student e-mail account to ro@luzerne.edu.

**Please Note: You are initiating a withdrawal from a term for which you may have received financial aid funds. Federal regulations and College policy may require that you repay a portion of the funds. Your financial aid may be prorated according to your date of withdrawal and funds already credited to your student account may be reduced. This may create a balance on your account that you will be required to pay.**

Please contact your counselor/advisor to initiate the withdrawal process. A student finding it necessary to withdraw from the College has approximately 10 weeks after classes commence each semester to process the withdrawal. Please refer to the current College Catalog for specific deadline dates and refund policies.

**Students who have registered for courses but do not attend classes, are financially responsible for a portion of their tuition if they do not formally withdraw prior to the start of the semester.**

## PART I (To be completed by the student)

Semester:  Fall  Spring  Summer I  Summer II  Winter Intersession Year: \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Student I.D. \_\_\_\_\_

Student Initial \_\_\_\_\_ I am aware this change may affect my financial aid

\_\_\_\_\_ I chose not to see my counselor

\_\_\_\_\_ I am aware this withdrawal is after the refund period

Reason for Withdrawal:  Employment (A01)  Military (A02)  Medical (C04)

Transfer to another 2-Year College (A06)  Transfer to another College/University (A07)

Academic Difficulty (C01)  Dissatisfaction with the College (C02)  Financial Difficulty (C03)

I plan on returning to LCCC:  Yes  No. If Yes, what semester (list year): Spring \_\_\_\_\_ Fall \_\_\_\_\_

Comments: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor/Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFTER MEETING WITH YOUR COUNSELOR/ADVISOR, PLEASE TAKE THIS FORM TO THE REGISTRAR'S OFFICE (BUILDING 5, ROOM 516) OR SUBMIT THROUGH YOUR LCCC STUDENT EMAIL ACCOUNT TO RO@LUZERNE.EDU. THIS FORM MUST BE RECEIVED IN THE REGISTRAR'S OFFICE WITHIN 2 WEEKS OF THE STUDENT MEETING WITH THEIR COUNSELOR/ADVISOR.**

## PART II (To be completed by Financial Aid and Registrar's Office)

Financial Aid Office \_\_\_\_\_ Date Received \_\_\_\_\_ Financial Aid Signature \_\_\_\_\_

Current Aid Recipient?  Yes  No List Type of Aid Received: \_\_\_\_\_

Registrar's Office \_\_\_\_\_ Date Received \_\_\_\_\_ Registrar's Office Signature \_\_\_\_\_