



Request for Withdrawal

Revised 2-26-13 MC/DES

Name: _____ CWID: T _____
 Address: _____
 Phone: (____) ____-____ City State Zip
 TCC Email : _____@tulsacc.edu Semester: (Check One) ___ Fall ___ Spring ___ Summer

Are you requesting to be withdrawn from all of your classes? Yes No

List all courses from which you wish to be withdrawn:

CRN	Discipline	Course #	Section	Title

Reason(s) for Withdrawal (Check all that apply)

Academic Reasons

- Dissatisfied with my academic performance
- Dissatisfied with the quality of teaching
- Dissatisfied with the learning environment
- Course level too advanced

Financial Reasons

- Could not obtain sufficient financial aid
- Not enough money to continue
- Was not able to purchase books

Additional Reasons

- Entered the military/deployment
- Illness/Life Crisis
- Personal Problems
- Moving out of the area
- College experience not what I expected
- Work related conflict

Other

Initials Student Responsibility

- ⇒ _____ I understand that I am responsible to pay any outstanding financial obligations to TCC.
- ⇒ _____ I understand a "W" or Withdrawal grade will be awarded on my transcript for the courses from which I am withdrawing.
- ⇒ _____ I understand the consequences of withdrawing and I accept that my financial aid status, current or future, may be affected.

⇒ **Student Signature:** _____ **Date:** _____

Financial Aid Recipients Only:

Affidavit of Enrollment

For this current semester, I am enrolled and plan to enroll in additional courses that have not yet started. Failure to successfully complete future classes (including any that may be canceled due to low enrollment) may result in owing funds to TCC.

⇒ **Student Signature:** _____ **Date:** _____

Return this form in person to any campus Advisement Office.

Distance Learning Students: When returning by fax or if mailed to any campus Advisement Office:
Include legible copy of a valid Driver's license or Student ID.

Advisement

- Has the student notified the instructor (s) **Yes** **No**
- Has the student received academic advisement regarding withdrawal? **Yes** **No**
- Is the student receiving any type of financial aid? **Yes** **No**

Advisor Signature _____ Date: _____

Financial Aid

Student Consequences:

May result in re-payment of all or partial Title IV Funds

May Place Student on Financial Aid Warning

May Place Student on Financial Aid Suspension

Other: _____

Completion Rate: _____ GPA: _____

Enrolled in upcoming parts of term? **Yes** **No** Enrollment Status: Change to WD **Yes** **No**

Fin Aid Rep Signature: _____ Date: _____

Enrollment Services

Enrollment Status Changed **Yes** **No** Processed by: _____ Date: _____