



REQUEST TO WITHDRAW FORM COMMUNITY EDUCATION COURSE

Student's Name: \_\_\_\_\_  
(PLEASE PRINT)

Today's Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Course Name: \_\_\_\_\_ Date of Class: \_\_\_\_\_

Check Applicable Boxes:

\_\_\_\_ Refund Request  
(This form must be received 10 days prior to the first day of class unless a date or time change was made by JSCC)

\_\_\_\_ Student Substitution Request. Substitute's Name \_\_\_\_\_  
(This form must be received prior to or on the course's original start date. All academic testing and other course requirements must be met by the substitute prior to the first day of class.)

\_\_\_\_ Course Transfer Request. New Course's Name and Date \_\_\_\_\_  
(This form must be received prior to or on the course's original start date.)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

NOTE: Date of withdrawal will be the date this completed form is received by The Center for Community and Corporate Education.

*FOR OFFICE USE ONLY:*

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Refund Requested by: \_\_\_\_\_

No Refund Due: \_\_\_\_\_

Substitution Processed by: \_\_\_\_\_

Course Transfer Processed by: \_\_\_\_\_