



Request for Complete Withdrawal

Fax Request to (205) 856-8091 or Email to records@jeffersonstate.edu

If you do not know your student number please go to http://www.jeffersonstate.edu/username

Student Name \_\_\_\_\_ Student # \_\_\_\_\_
Last First MI

Other Names Used \_\_\_\_\_

Street Address: \_\_\_\_\_
City County State Zip

Is this an address change? Yes No

Refund Information

- Refunds are based on the first official class day for the term and are not based on the first class day for individual courses.
Refund checks will be mailed in accordance with the prorated refund schedule in the class schedule for the term.
All financial obligations to the college must be cleared prior to the issuance of a refund. Any refund due may be used to offset outstanding obligations.

Please answer the following questions.

1. Are you receiving financial aid or veteran's benefits? Yes No (If yes, complete financial aid/veteran's benefits form)

2. What is your primary reason for Withdrawing? (Check only one)

- Increased family responsibilities
Financial problems
Health problems
Moved out of the area
Work conflicts
Transportation problems
Lack of interest in school
Need a break from college
Decided to go to another college
Unsure of academic goals
Dissatisfied with class schedule
Disappointed with class sessions
Unsure of ability to do well
Dissatisfied with my grades
Received inadequate advising
Class was deleted
Could not register for desired class(es)
Dissatisfied with quality of teaching
Other (Please specify)

3. Do you plan to return to Jefferson State at a later date? (Check only one) Yes No Don't know at this time

Please use the space below to tell us about ways the faculty or staff at Jefferson State could have helped you to remain in school this term.

\_\_\_\_\_
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your response.

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990.

To be filled out by Admission Processors ONLY

CRN(s): \_\_\_\_\_

Submission Term: \_\_\_\_\_ Campus Submitted D Clanton D Jefferson D Pell City D Shelby

Received by (initial) \_\_\_\_\_