



Forms
*Request to Permanently
Withdraw from Degree Program including
Documentation for Refund Calculation Form*
Page 1 of 3

By signing and submitting this form, you are requesting that the Office of the Registrar permanently withdraw you from your requested degree program on the effective date indicated below. You are also acknowledging that should you decide to return to the indicated degree program in the future you will have to apply for reinstatement.

Student's Name: _____

Address: _____

Program: _____

Entry Date: _____

Last Date of Attendance: _____ Effective Date: _____

I am withdrawing from Platt College because:

Student Signature: _____

Date: _____

This documentation for refund calculation should be used to monitor and audit credit hours, both pro-rated and not pro-rated, for students who terminated their enrollment at Platt College during a contract period. This form should not include courses that were transferred in or repeated during the student’s enrollment.

Beginning Date of Last Contract Term: _____

Course	Full Credit Hour	Last Date of Attendance	Week Calculation	Pro-Rated Credit Hour

Total Pro-Rated Credit Hours within Contract Period: _____

Registrar Signature: _____

Date: _____

Financial Aid Signature: _____

Date: _____

Finance and Billing Signature: _____

Date: _____

Dean Signature: _____

Date: _____

Clinical Placement Coordinator Signature: _____

Date: _____

Administrative Assistant Signature: _____

Date: _____