

FAULKNER STATE COMMUNITY COLLEGE

BAY MINETTE, ALABAMA 36507 • (251) 580-2227

WITHDRAWAL FORM

Date _____

STUDENT NO. _____

STUDENT NAME _____
LAST FIRST MIDDLE

Original Credit Hours _____

Adjusted Credit Hours _____

ARE YOU:

- | | | |
|--|-----|-----|
| | YES | NO |
| 1. ARE YOU THE RECIPIENT OF A PELL OR OTHER EDUCATIONAL GRANT? | () | () |
| 2. RECEIVING A DIRECT OR OTHER STUDENT LOAN? | () | () |
| 3. ON THE COLLEGE WORK-STUDY PROGRAM | () | () |
| 4. A MILITARY VETERAN OR DEPENDANT RECEIVING V.A. BENEFITS? | () | () |
| 5. RECIPIENT OF A SCHOLARSHIP? | () | () |
| 6. LIVING IN THE DORMITORY? | () | () |
| 7. ARE YOU AN ATHLETE? | () | () |

DEPT.	COURSE NO.	SECTION NO.

OFFICE USE ONLY	
<input type="checkbox"/> College	<input type="checkbox"/> Class

Refund policy applies ONLY to complete college withdrawals during the specified period listed in the semester course schedule. See current schedule for dates and policy. I understand any account balance resulting from my student withdrawal will be due immediately, however if not paid in 90 days it will be turned over to a collection agency, and I will be responsible for the principle balance, including all additional cost and fees associated with the collection of the debt.

STUDENT'S SIGNATURE _____

RECEIVED BY: _____

DATE _____

RECORDS COPY