

# Withdrawal From College

***This form must be submitted to Registrar to receive any reduction of tuition liability.***

***Financial aid exit counseling required.***

Student ID# \_\_\_\_\_

**Your Cambridge College Location**

- Boston (formerly Cambridge)     Puerto Rico  
 Lawrence     Springfield  
 Southern California

## Student contact information

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_  
 Phone  cell  home (\_\_\_\_\_) \_\_\_\_\_ Work Phone / ext. (\_\_\_\_\_) \_\_\_\_\_

## My withdrawal

Effective date \_\_\_\_\_

- Reason:  Family    Medical    Personal    Academic  
 MTEL    Maternity    Financial    Work  
 Military Service    Classes I need not offered

**TEMPORARY** withdrawal for:  
 Fall    Spring    Summer   Year: \_\_\_\_\_

**PERMANENT** withdrawal from Cambridge College  
 Transfer to another institution  
 Reason for transfer \_\_\_\_\_

Moving    Other \_\_\_\_\_

**Discuss plans** with your academic advisor/professional seminar leader.

**Contact Bursar and Financial Aid** Offices to determine if a refund is due or if tuition payment must be made. *Students are responsible for any financial aid funds that are cancelled, including any refunds already received.*

## See leave/withdrawal policies

**Academic** – in the Academic Catalog, see Academic Policies.

**Bursar** – in the Academic Catalog, see Refunds and Repayment.

**Financial Aid** – [www.cambridgecollege.edu/federal-financial-aid-student-withdrawals-and-leave-absence](http://www.cambridgecollege.edu/federal-financial-aid-student-withdrawals-and-leave-absence)

**By signing, I acknowledge** that I understand the relevant policies and the effect of my withdrawal on my financial aid and tuition liability, and still request to drop/withdraw from all courses and leave the College (temporarily or permanently). I understand that I must participate in financial aid exit counseling.

Student signature  
**on paper printout** \_\_\_\_\_

Date \_\_\_\_\_

## After completing form submit it to:



**Registrar's Office**  
 Cambridge College  
 500 Rutherford Avenue  
 Boston, MA 02129

**Or email to:** registrar@cambridgecollege.edu

**Or fax to:** 617.242.0026

## List here the courses to DROP/WITHDRAW from NOW.

Course # / Section  
 e.g. WRT101 CA01

# Drop/Withdraw

COURSE TITLE

Instructor

| Course # / Section<br>e.g. WRT101 CA01 | COURSE TITLE | Instructor |
|----------------------------------------|--------------|------------|
|                                        |              |            |
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