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)
☐ Lawrence
☐ Puerto Rico
☐ 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.


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 _________________________________

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.

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<tr>
<th>Course # / Section</th>
<th>COURSE TITLE</th>
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cc: Financial Aid

rev. 09/28/17