



EXCELSIOR COMMUNITY COLLEGE

NOTICE OF WITHDRAWAL FROM PROGRAMME

Name: _____
First Middle Last

Department: _____ **I.D. #:** _____

Academic Year: _____ **Year Group:** _____

I am hereby informing the College of my intention to withdraw from the

_____ Programme effective ____/____/____
YY MM DD

for the following reason (s):

Student's Signature Date

Head of Department's Signature Date

FOR OFFICE USE ONLY

Received by (Student Affairs Personnel) Date

Amount refunded (if applicable) \$ _____

Information updated by S.M.S. Unit Date