



Student Information

Phone Number

Course Information

[illegible]

Course(s) to be Withdrawn

Course Code

[illegible]

Course Code

Course Title

Course Code

[illegible]

Reason for Withdrawal

Important Information

Withdrawal Deadlines: Please refer to the academic calendar for the last date to withdraw from courses without academic penalty.

Refund Policy: Refer to the school's refund policy for information on tuition refunds, if applicable.

Impact on Financial Aid: Withdrawing from courses may affect your financial aid eligibility. Please consult with the Financial Aid Office.

Advisor Approval:

I have discussed the implications of this withdrawal with the student and approve the withdrawal request.

Advisor's Name: _____

Advisor's Signature: _____

Date: _____

Registrar Approval:

The requested course withdrawal has been reviewed and processed.

Registrar's Name: _____

Registrar's Signature: _____

Date: _____

Student Declaration:

I hereby request to withdraw from the course(s) listed above. I understand the academic and financial implications of this withdrawal.

Student's Signature: _____

Date: _____

For Office Use Only:

Date Received: _____

Processed By: _____

Date Processed: _____

Please submit this completed form to the Registrar's Office at [Registrar's Office Address] or email it to [Registrar's Email Address].

Cambridge School of Business and Technology

Registrar's Office

[Campus Address]

[City, State, ZIP Code]

Email: [Registrar's Email Address]

Phone: [Registrar's Phone Number]