

WITHDRAWAL REQUEST

A student who wishes to withdraw from TCSP must complete and submit this form. A student is strongly advised to speak with the academic department, Student Accounts, and Financial Aid prior to submitting this form. A student is responsible for adjustments made to the student account balance or financial aid eligibility as a result of withdrawal.

STUDENT INSTRUCTIONS:

1. Complete this form in its entirety, specify the reason for withdrawal
2. Submit the signed form to your Student Support Counselor.

CHICAGO/TCSP@XULA 800.595.6938 (phone) 312.488.6301 (fax) Chistudentsupport@thechicagoschool.edu	ONLINE 800.595.6938 (phone) 312.254.1442 (fax) Onlinestudentsupport@thechicagoschool.edu	DALLAS 800.595.6938 (phone) 214.575.9090 (fax) dalstudentsupport@thechicagoschool.edu	SOUTHERN CALIFORNIA 800.595.6938 (phone) 213.615.7286 (fax) Castudentsupport@thechicagoschool.edu	WASHINGTON, D.C. 800.595.6938 (phone) 202.706.5199 (fax) Dcstudentsupport@thechicagoschool.edu
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STUDENT NAME: _____ **STUDENT ID:** _____
TCSP E-MAIL: _____ **PHONE:** _____ **CELL PHONE:** _____
OTHER E-MAIL: _____ **DEGREE LEVEL:** _____ **LOCATION:** _____
TERM/SEMESTER & YEAR: _____ **PROGRAM:** _____

TYPE OF WITHDRAWAL

- OFFICIAL UNOFFICIAL (ADMINISTRATIVE)
 TEMPORARY (Department Chair approval required) due to:
 Course Unavailability Significant Life Change Expected Return (Term/Semester and Year): _____ (cannot exceed 2 terms/1 semester)

CURRENT ENROLLMENT (check one)

- I plan to **complete** the courses I am enrolled in before withdrawal OR
 I plan to immediately **withdraw** from my current courses

STATUS (check all that apply)

- International Student TCSP Student Employee (FWS)
 Active Military/Veteran

I wish to withdraw from school. My last term/semester of enrollment will be:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20____ <input type="checkbox"/> Session I <input type="checkbox"/> Session II
REASON FOR WITHDRAWAL: <input type="checkbox"/> Financial <input type="checkbox"/> Health/Medical <input type="checkbox"/> Personal/Family <input type="checkbox"/> Work Schedule <input type="checkbox"/> Withdrawal Non Start <input type="checkbox"/> Called to Active Duty (supporting documentation may be required) <input type="checkbox"/> Transfer to Another School (Name of School): _____ <input type="checkbox"/> Other (Please Specify): _____	

Please read and sign below:

"I understand that I am responsible for returning all library books and other borrowed materials and for fulfilling all financial obligations to the institution as outlined in the Student Handbook. I understand that withdrawing from the institution means that I will no longer have access to electronic resources, including my school email account."

STUDENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

I. DEPARTMENT CHAIR: (Approval Required for Temporary Withdrawal Only)			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Comment: _____	Signature: _____	Date: _____	
II. DSO NOTIFICATION (International Students Only)			
Comment: _____	Signature: _____	Date: _____	
III. OFFICE OF THE REGISTRAR: <input type="checkbox"/> Official Withdrawal <input type="checkbox"/> Unofficial (Administrative) Withdrawal-indicate reason in comment section <input type="checkbox"/> Temporary Withdrawal Comment: _____			
Is the student on Hold ARPP-PRI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____	Date: _____	
IV. FINANCIAL AID			
Comment: _____	Signature: _____	Date: _____	
V. STUDENT ACCOUNTS			
Balance Due <input type="checkbox"/> No <input type="checkbox"/> Yes Amount: _____	Signature: _____	Date: _____	
FOR USE BY THE OFFICE OF THE REGISTRAR			
DOD: _____	LDA: _____	NSLDS WDRWL: _____	Processed by: _____
Date: _____			Course(s) Unregistered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade Assigned: <input type="checkbox"/> W <input type="checkbox"/> N/A <input type="checkbox"/> WF/NC/NP			Week: _____ Refund %: _____
Notifications: <input type="checkbox"/> IT <input type="checkbox"/> Facilities <input type="checkbox"/> ISA <input type="checkbox"/> Library <input type="checkbox"/> OPT <input type="checkbox"/> HR (TCSP Student Employees Only)			