Central Methodist University

Request to Withdraw First Class at CMU Request to Withdraw

Directions

1. Student completes information below. **PLEASE PRINT ALL INFORMATION**
2. Student and Parent/Guardian sign the form
3. School Counselor or on-site dual credit coordinator signs
4. Form is returned to the *First Class* at CMU Coordinator by mailing or faxing.
5. Refund Policy:

Fall and Spring Semesters

Withdrawal first and second weeks	90% of tuition
Withdrawal third and fourth weeks	50% of tuition
Withdrawal fifth, sixth & seventh week	25% of tuition
Withdrawal eighth weeks and after	no refund

Summer Classes

Withdrawal first week	50% of tuition
Withdrawal second week	25% of tuition
Withdrawal third week and after	no refund

Year Long Classes

Withdrawal first and second weeks	90% of tuition
Withdrawal third thru seventh weeks	50% of tuition
Withdrawal seventh week thru November 1st	25% of tuition
Withdrawal after November 1st	No Refund

Name of Student_____

Last **(PRINT FULL LEGAL NAME)** **First** **M**

Street Address_____ City_____ Zip_____

School_____

I request to withdraw from the following course(s)

_____ _____

Reasons for Withdrawal: Check all that apply. This section must be completed

__Too Difficult ___Not enough time to devote to college class

__Too Expensive ___Other (explain below)

_____

I understand that if I fail to complete and return this form, I am not officially withdrawn from classes at Central Methodist University and am not entitled to any settlement (including transcripts). Failure to complete the withdrawal process will result in a grade of "F" for the courses.

Student Initiated Date of Withdrawal in writing **(required)** Date_____

Signature of Student_____ **Date**_____

Parent/Guardian Signature_____ **Date**_____

Counselor/ Coordinator Signature_____ **Date**_____

Return to:
***First Class* at CMU Coordinator**
Central Methodist University
411 Central Methodist Square
Fayette, MO 65248
Phone: 660.248.6892 Fax: 660.248.6392

Approved_____ Date_____ 2013/2014