

# COURSE WITHDRAWAL FORM

## HERITAGE BIBLE COLLEGE

Office of the Registrar, Business Offices  
P.O. Box 1628, Dunn, North Carolina 28335 (910) 892-3178; (910) 461-9790 (Fax)  
[srzonca@heritagebiblecollege.edu](mailto:srzonca@heritagebiblecollege.edu)

- If attempting to withdraw from all courses for a particular term, Please check here \_\_\_\_
- Use this form to withdraw from individual courses after the last day of drop/add period.
- **NOTE:** These changes are not official until all steps are completed, including payment of any charges that are due.

Academic Period:

\_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year

Activity:

Official Withdraw \_\_\_\_\_

Unofficial Withdraw \_\_\_\_\_

*PLEASE PRINT CLEARLY - Complete all information requested below:*

Name:	
Street:	Home Phone:
City:	Cell Phone:
State, Zip:	Email:

### WITHDRAW FROM A COURSE:

To withdraw from a course, submit this form to the Registrar's Office after all signatures have been obtained.

Course #	Course Name	Credits	Instructor's Signature	Date

Credit hours before drop: \_\_\_\_ Adjusted credit hours: \_\_\_\_

Check all of the following benefits that apply and obtain appropriate signature(s). **All students MUST obtain a signature from the Business Office.**

____ Advisor	Advising Official	_____	Date _____
____ Financial Aid	Financial Aid Director	_____	Date _____
____ VA Educational Benefits	VA Certifying Official	_____	Date _____
____ Business Office	Business Office	_____	Date _____

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTRAR USE ONLY

Withdrew Week #: \_\_\_\_ Tuition refund, if applicable: \_\_\_\_% Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

1 copy each: Registrar, Financial Aid, Business Office, Student