

# TOTAL WITHDRAWAL FORM

## HERITAGE BIBLE COLLEGE

Office of the Registrar, Business Offices  
P.O. Box 1628, Dunn, North Carolina 28335 (910) 892-3178; (910) 491-9790 (Fax)  
[srzonca@heritagebiblecollege.edu](mailto:srzonca@heritagebiblecollege.edu)

- Use this form to withdraw from all courses.
- 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	FINAL GRADE WP – Withdraw Passing WF – Withdraw Failing	Last Date Attended

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 #: _____ Date received: ____/____/____ By: _____ Official _____ Unofficial _____
Remarks: _____ _____
<b>1 copy each: Registrar, Financial Aid, Business Office, Student</b>