

Dual Credit/Concurrent Enrollment COMPLETE WITHDRAWAL FORM

| Student: | LCC ID#: | or SSN: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Semester: Fall 20 Spring 20 | Summer 20 H | igh School: |
| Last Day of Attendance:/// | A | re you receiving VA Benefits? ☐ Yes ☐ No |
| Reason for Withdrawal: Failing Course(s) | Financial Dissa | atisfied w/Instruction Moving |
| Dissatisfied w/Program Transportation | Work/School Co | onflict Other: |
| The following signatures are required o | n this form before it ca | an be processed: |
| Date Student | Date | Parent / Guardian |
| Date High School Counselor / Principal | Date | Dual_Credit / Concurrent Enrollment Office |
| Date Business Office | Late Ac | ld Late Withdrawal |
| Office of the Registrar Use Only: Posted to CARS by: | | Date: |
| THIS FORM MUST ONLY BE USED BY HIGH SCHOOL Complete Withdrawal Service Policy This form must be received by the Registrar classes or current catalog for specific dates. This form will be processed by the Registrar Once this form is processed, you must immer ext. 1001 to inquire about your tuition and for the college. Additionally, you may also be entitled current catalog for details. Email form to: cbranch@luna.edu or mail: L NM 87701. If you have questions call the Dot on the event questions arise during the processing address where you may be contacted. | 's Office by established dead's Office on the day it is recediately contact the LCC Fisconfee balance with the college drawing from LCC, you are used to a partial refund of tuit una Community College, Dual Credit Office at (505) 45 | dlines. Refer to either the current schedule of eived. cal Office at 800.588.7232 or 505.454.2500 . responsible for any unpaid obligations to the ion. Refer to the current schedule of classes or all Credit Office, 366 Luna Drive, Las Vegas, 4–2541 |
| Daytime Telephone #: | Email address: | |

If you would like to add/drop a course you must submit the ADD/DROP Form.