

**THIS FORM MUST ONLY BE USED BY HIGH SCHOOL STUDENTS**

**COMPLETE WITHDRAWAL Service Policy**

- Complete Withdrawal Form must be received by the LCC Office of the Registrar by established deadlines. Refer to either the current schedule of classes or current catalog for specific dates.
- This form must only be used if you are withdrawing from **ALL** of your courses. If withdrawing from selected classes only, please complete the ADD/DROP Form rather than the Complete Withdrawal Form. **Make sure you are using the correct form.** Call the Dual Credit Office at 505.454.5377 if you have any questions.
- Your Complete Withdrawal Form will be processed by the Registrar’s Office the day it is received.
- Fax your completed form to the LCC’s Dual Credit Office at 505.454.2520 or mail it to:  
Luna Community College, Dual Credit Office, 366 Luna Drive, Las Vegas, NM 87701.
- Once your Complete Withdrawal Form is processed, you must immediately contact the LCC Business Office at 800.588.7232 or 505.454.2500 ext. 1001 to inquire about your tuition and fee balance with the college. Keep in mind, as a result of completely withdrawing from LCC, you are responsible for any unpaid obligations to the college. Additionally, you may also be entitled to a partial refund of tuition. Refer to the current schedule of classes or current catalog for details.
- **The following signatures** will be required on this form: student, parent and high school designee. A copy of this form will be routed to the Business Office for their review.

In the event questions arise during the processing of this form, please provide a daytime telephone number and email address where you may be contacted.

Daytime Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_



**COMPLETE WITHDRAWAL FORM FOR  
CONCURRENT ENROLLMENT/DUAL-CREDIT STUDENTS ONLY**

Student: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Semester:            Fall 20 \_\_\_\_\_            Spring 20 \_\_\_\_\_            Summer 20 \_\_\_\_\_

High School: \_\_\_\_\_            Last Day of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you receiving VA Benefits?     Yes             No

Reason for Withdrawal:     Failing Course(s)     Financial     Dissatisfied w/Instruction     Moving  
 Dissatisfied w/Program     Transportation     Work/School Conflict     Other: \_\_\_\_\_

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

**REQUIRED SIGNATURES:**

\_\_\_\_\_  
Parent / Guardian            Date            High School Counselor / Principal            Date

\_\_\_\_\_  
Business Office            Date            Concurrent Enrollment / Dual-Credit Office            Date

**Office of the Registrar Use Only:**

Posted to CARS by: \_\_\_\_\_            Date: \_\_\_\_\_