

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.
- Your Complete Withdrawal Form will be processed by the Registrar’s Office the day it is received.
- Fax your completed form to the LCC Office of the Registrar at 505.454.5348 or mail it to: Luna Community College, Office of the Registrar, 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.**
- **No other signatures** will be required on this form other than the student’s. However, a copy of this form will be routed to the Financial Aid Office and 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

Student:_____ SSN:_____ DOB:_____/_____/_____

Semester: Fall 20_____ Spring 20_____ Summer 20_____

Major:_____ 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: This form will be routed for you to the offices below.

Business Office

Student Financial Assistance

Office of the Registrar

Office Use Only:

Posted to CARS by:_____ Date:_____