

# APPLICATION TO WITHDRAW FORM

Belize Campus: Philip Goldson International Airport Road, Ladyville, Belize, Belize - Phone: +501.2800099

MAIL COMPLETED APPLICATION TO: 118 Graceland, Blvd., Suite 31 Columbus, OH 43214

Phone: +1.888.772.2925 Fax: +1.888.772.7357 Email: info@ccu.edu.bz



Columbus Central University – website: [ccu.edu.bz](http://ccu.edu.bz)

CCU

## THIS FORM SHOULD BE USED IF:

1. Student is currently registered and is completing the academic semester, but will not be returning, wishing to withdraw.
2. Student is currently registered and is completing the academic semester but will withdraw from a specific current registered course of study.

## STUDENT INFORMATION

**1 Full Legal Name:** \_\_\_\_\_  
*Last/Family Name/Surname* *First/Given/Personal* *Middle*

**Student ID Number:** \_\_\_\_\_ **Current Enrollment:** \_\_\_\_\_  
*As appears on ID card* *Program - Semester*

**2 Address:** \_\_\_\_\_ ( ) \_\_\_\_\_  
*Number and street or rural route* *Apt. No.* *Area Code* *Phone Number*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*City or Town* *State* *Country* *Zip Code*

## REQUEST INFORMATION

From which semester would

**3 you like to drop class(s)?:** Fall (September)  Spring (January)  Summer (May)  Year **20** \_\_\_\_\_

**4 List the course(s) you wish to drop (if you are withdrawing from full program, please indicate "Full Program")**

\_\_\_\_\_

**5 Select your reason for withdraw/transfer:** (select all that apply)

<input type="checkbox"/> Medical/Health	<input type="checkbox"/> Personal / Financial Rotation	<input type="checkbox"/> Placement
<input type="checkbox"/> Study Environment	<input type="checkbox"/> USMLE Passing Rate School's	<input type="checkbox"/> Deficiencies
<input type="checkbox"/> Academic	<input type="checkbox"/> Military	<input type="checkbox"/> Other _____

*If other reason - please explain*

## INSTRUCTIONS

STATEMENT: I am currently enrolled at CCU and I wish to discontinue my enrollment at the University. I have read and agree to the university withdrawal and refund policy. I understand that it is my responsibility to follow up with student services that apply to me, and that I must return my Student ID Card to the Registrar's Office. I fully acknowledge that my official transcripts will only be released upon approval of the Withdrawal Request Form, duly filled, along with a \$40 transcript request fee. I understand that I am responsible to pay any outstanding obligations to Washington University of Health and Science.

- Requests for transfer or withdrawal must be reviewed and approved by the Retention Committee.
- CCU reserves the right to set criteria for withdrawals as outlined in the Student Handbook.
- The student must provide the Retention Committee with a one-page account for the reasons of transfer before they can be approved.
- The student may submit any other supporting documentation they feel will help their case.
- The Retention Committee is obligated to notify the student of its decision within 14 days.
- If applicable, tuition and fees refund will be processed within 30 days of the withdrawal/transfer approval.

\*\*Mail completed form to school address or you may also fax form to: +614.340.4688 or email form to: [info@ccu.edu.bz](mailto:info@ccu.edu.bz)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_