

Center for Community & Corporate Training Education

REQUEST TO WITHDRAW FROM COMMUNITY EDUCATION COURSE (PLEASE PRINT)

Student's
Name _____

Today's Date _____ Social Security Number. _____

Course Name _____ Date of Class _____

Check applicable boxes:

Refund Request

(this form must be received 10 days prior to the first day of class unless a date or time change was made by JSCC)

Student Substitution Request. Substitute's Name _____

Course Transfer Request. New Course's Name and Date _____

(this form must be received before or on the first day of class)

NOTE: Date of withdrawal will be the date this completed form is received by The Center for Community and Corporate Education.

FOR OFFICE USE ONLY: Received and dated by: _____