

Central Methodist University

Request to Withdraw First Class at CMU Request to Withdraw

Directions

1. Student completes information below. **PLEASE PRINT ALL INFORMATION**
2. Student and Parent/Guardian sign the form
3. School Counselor or on-site dual credit coordinator signs
4. Form is returned to the *First Class* at CMU Coordinator by mailing or faxing.
5. Refund Policy:

Fall and Spring Semesters

| | |
|--|----------------|
| Withdrawal first and second weeks | 90% of tuition |
| Withdrawal third and fourth weeks | 50% of tuition |
| Withdrawal fifth, sixth & seventh week | 25% of tuition |
| Withdrawal eighth weeks and after | no refund |

Year Long Classes

| | |
|---|----------------|
| Withdrawal first and second weeks | 90% of tuition |
| Withdrawal third thru seventh weeks | 50% of tuition |
| Withdrawal seventh week thru November 1 st | 25% of tuition |
| Withdrawal after November 1 st | No Refund |

Summer Classes

| | |
|---------------------------------|----------------|
| Withdrawal first week | 50% of tuition |
| Withdrawal second week | 25% of tuition |
| Withdrawal third week and after | no refund |

Name of Student _____
Last (PRINT FULL LEGAL NAME) First M

Street Address _____ City _____ Zip _____

School _____

I request to withdraw from the following course(s)

Reasons for Withdrawal: Check all that apply. This section must be completed

- Too Difficult Not enough time to devote to college class
 Too Expensive Other (explain below)
- _____

I understand that if I fail to complete and return this form, I am not officially withdrawn from classes at Central Methodist University and am not entitled to any settlement (including transcripts). Failure to complete the withdrawal process will result in a grade of "F" for the courses.

Student Initiated Date of Withdrawal in writing (**required**) Date _____

Signature of Student _____ Date _____

Parent/Guardian _____ Date _____
Signature

Counselor/ _____ Date _____
Coordinator Signature

Return to:
First Class at CMU Coordinator
Central Methodist University
411 Central Methodist Square
Fayette, MO 65248
Phone: 660.248.6892 Fax: 660.248.6392

Approved _____

Date _____