



Hand and Hand Health Training Center Withdraw Form

Directions: Please fill out the portion below that pertains to the type of withdrawal that you are submitting.

Name: _____

Phone Number: (____) _____

Email Address: _____

Program Name: _____

Program Start Date: _____

Last Date of Attendance (if known): _____

Withdrawal Date: _____

Reason for Withdrawal: _____

I understand my withdrawal is not official until this form is submitted in accordance with the institutional withdrawal policy and that I will be formally notified once the withdrawal is official.

I understand I am responsible for tuition and fees in accordance with the following refund policy

Course Withdrawal

It is the student's responsibility to obtain a withdrawal form, present it to the program instructor for completion, and submit the completed form to the Program Director's Office. The official date of withdrawal is the date the completed withdrawal form is received by the Program Director's office. The official date of the withdrawal will be used in determining tuition refund eligibility according to the tuition refund policy. Students who do not complete the withdrawal form, notify the school of departure, or fail to inform the school of absences after the allowed missed time, will be considered

dropped from the selected program and all other rules regarding the tuition policy will apply. A withdrawal does not cancel the student's financial obligation entered until this day. A student who does not formally withdraw from class is liable for all fees and associated expenses. A "Business Office Hold" will be placed on the student's record until the financial obligation has been paid. If payment is not received after 30 business days, information will be sent to the agency collection. Any student that withdraws must wait 60 days to enroll in future classes. A pattern of course withdrawals may prevent future enrollment.

I _____ am formally entering a request to withdraw from Hand and Hand Health Training Center Nurse Aide Training Program on _____. I understand that any refund I am entitled to will be dictated by the handbook I signed during my registration for this course. I understand that I may be asked to return all equipment that was given to me at the beginning of the course such as, but not limited to: book, uniforms, blood pressure cuff, stethoscope etc.

For Office Use Only:

Date Received: _____ by _____
(Printed Name)

Last Date of Attendance: _____

Percentage (%) of Program Completed: _____

Refund Amount Due: _____

(If Applicable) Refund Issued to Student on: _____

Check Number: _____

Student Name: _____

Student Signature: _____ Date: _____