

DYERSBURG STATE COMMUNITY COLLEGE WITHDRAWAL FORM

The completed form must be returned to the Office of Records.

Please note that if you leave the College with any debts and/or obligations, the College will not be able to release your grades or an official copy of your transcript. Furthermore, future enrollment at DSCC will be denied until all debts and/or obligations are cleared. You are strongly advised to contact (1) the Learning Resource Center to make sure that you have no material checked out and (2) the Financial Aid Office if you were awarded any type of aid for this term.

DSCC ID# _____ Term _____

Last Name First Name Middle Name

I am withdrawing from the College for the following reason: _____

Any refunds should be mailed to this address: : _____

Student Signature Date

Dean of Student Services/Designee Date

(Required only after the deadline to withdraw)

Office of Records Use Only: Date Received _____ Date Completed _____ Initials _____	Business Office Use Only: Initials ____ Date _____ Financial Aid:
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