Voluntary Withdrawal Petition
Office of the Registrar

Name ___________________________________________ SID#___________________________

(please print) Last First Middle

Cell Number/Contact Number________________________________ E-Mail Address____________________________

Withdrawal effective: □ Fall □ Spring □ Summer Year: 20_________

Program: □ Undecided □ Bible Certificate □ Associate □ Bachelor
          Cohort__________

Signature_________________________________________ Date________________________

Please choose from the following reasons for your withdrawal:

□ Academic difficulty □ Financial difficulty □ Health Issues
□ Job conflict □ Personal reason □ Transferring
□ Dissatisfied with my academic progress □ Other

Last date of attendance __________________________________________

Do you plan to return? □ YES □ Fall □ Spring □ Summer Year 20_______

□ NO

Financial aid awarded □ YES □ NO

Students who officially withdraw from CBS will be reviewed for a refund in accordance with the regulations pertinent to withdrawal and refunds as outlined in the Catalog. Students who are receiving federal aid are subjected to the required federal refund and repayment calculation. After a refund is calculated, the student will be notified by the Student Financial Services department.

Approvals – Required signatures

Enrollment Advisor_________________________________________ Date________________________

Financial Aid Representative_______________________________ Date________________________

Registrar Representative_____________________________________ Date________________________

For Office Use ONLY

Processed by_________________________________________ Date________________________

Date of Withdrawal____________________________________ Last date of attendance (confirmed)____________________