

OFFICIAL CLASS WITHDRAWAL NOTICE

The Student Enrollment Agreement that you signed upon registration stated that you understand the Refunds & Cancellations Policy. Any refunds due will be paid as described by this policy. Please refer to the institutional catalog or your enrollment agreement for questions about refunds.

Student's Name: _____ Date of Notice: _____

Course: Nursing Assistant (CNA) Phlebotomy Technician

Class Start Date: _____ Amount of Deposit: _____ Form of Payment: _____

Name / Phone Number of person who submitted payment on student's behalf (if applicable):

Reason for Withdrawal: *(Must check one of the following for consideration)*

- | | |
|--|---|
| <input type="radio"/> Health Related Situation | <input type="radio"/> Job Relocated/Transfer |
| <input type="radio"/> Family Emergency | <input type="radio"/> Transferring to a different program |
| <input type="radio"/> Death | <input type="radio"/> Cannot fulfill financial obligation |
| <input type="radio"/> Incarceration | <input type="radio"/> Decided against course choice |
| <input type="radio"/> Full-time Military Service | <input type="radio"/> OTHER _____ |
- (Please state reason)*

By signing this document, I verify that I am withdrawing from the class identified in this document and understand that any refund due will be paid within thirty (30) of the submitting this form to Matrix Medical Training Center. Refunds are not immediate and will be returned in the form of a check. If tuition was originally paid by a credit/debit card or a check, the check will be issued to the person listed on the form of payment.

Student Signature

Date

Who completed this form, if not filled out by the student? _____

If not completed by the student, why? _____

OFFICIAL USE ONLY

<i>Withdrawal Confirmed by</i>	
<i>Date of Confirmation</i>	
<i>Amount of Refund Due to Student</i>	