



LEBANON COLLEGE

15 Hanover Street, Lebanon, New Hampshire 03766 (603) 448-2445

For Office Use Only		
F	E	R

Withdrawal Form

Date: _____

Student Name: _____

Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

A. I am requesting withdrawal from the following course:

Course #: _____ Course Title: _____

Tuition Refund Policy

- Requests received after the third class: **NO REFUND.**

Date

Signature

Faculty signature required after 9th week for 3 credit classes, 6th week for 2 credit classes and 4th week for 1 credit classes.

Based on tests and assignments as of this date:

Student is passing and will receive a grade of WP

Student is failing and will receive a grade of WF

Date

Faculty Signature