

REQUEST FOR COLLEGE WITHDRAWAL

Review policy details in Student Handbook - [Leave of Absence and Withdrawal Policies](#)
Graduate Students meet with your Program Chair and **Undergraduates** meet with [Advising & Planning](#) to complete this form
International Students should [meet with ISS](#) before program chair or advisor meeting

REQUEST *Required - Check Box to identify your request.*

College Withdrawal : I do not plan to return to CCA.
 I wish to be withdrawn from all currently registered courses.

Student Name: _____ **Student I.D. Number:** _____

Student Non-CCA Email: _____ **Student Program / Major:** _____

Are you an international student? YES NO Do you live in on-campus housing? YES NO

What is your reason for this request (*Please select one*)?

ACADEMIC FAMILY FINANCIAL MEDICAL MILITARY SERVICE
 PERSONAL PROFESSIONAL OPPORTUNITY TRANSFER OTHER

SIGNATURES (*Please read carefully and sign below to acknowledge your understanding*)

- I **must obtain signatures** and submit this completed form to my Program Chair/Advisor to finalize my request.
- I have reviewed and understand the **Leave of Absence and Withdrawal Policies** in the CCA Student Handbook.
- I will **review and follow** the steps necessary on the [Technical Offboarding for Departing Students](#) Portal page, knowing that Workday and CCA Google **account access will be disabled 3 months after withdrawal date.**
- I understand that I should confer with the following offices prior to my leave and **clear up any unresolved business** with these offices.

STUDENT RECORDS	studentrecords@cca.edu	If you have questions about enrollment / registration.
STUDENT ACCOUNTS	studentaccounts@cca.edu	Confirm that your account is in good standing.
FINANCIAL AID	finaid@cca.edu	If you receive financial aid, review your package.
HEALTH & WELL-BEING	healthinsurance@cca.edu	If you receive CCA health insurance, review eligibility.
HOUSING, DINING & RESIDENTIAL EDUCATION	housingdining@cca.edu	If you live on campus, request housing cancellation. Using this Link .
MEDIA CENTER	mediaservices@cca.edu	If you have utilized related services, confirm that your account is in good standing.
LIBRARIES	librarynotices@cca.edu	

Student Signature: _____ **Date:** _____

ISS Staff Name: _____ **Signature:** _____ **Date:** _____

**For international students with F-1 or J-1 visa ONLY*

(GR) Program Chair Name: _____ **Signature:** _____ **Date:** _____

(UG) Advisor Name: _____ **Signature:** _____ **Date:** _____

For Student Records Office Only

Withdrawal Effective Date: _____ SRO Name: _____ SRO Signature _____ Date: _____