



Request for Withdrawal

Submission of this form is required for all withdrawals. Upon receipt of this request, the Registration Office will determine your eligibility for refunds or credits as outlined in the CSMA policies and guidelines.

Date: _____ Semester: _____

Student Name: _____

Parent Name: _____

Phone #: _____

Instructor: _____

Class #/Title: _____

Please provide a brief explanation for your withdrawal request.

For office use only

Total Credit/Refund \$ _____

<input type="checkbox"/>	Credit on Account	Statement Mail Date _____
<input type="checkbox"/>	Refund Check	P.O. Date _____ P.O # _____ Check # _____
<input type="checkbox"/>	Refund CC	Card# _____ Exp. _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC
<input type="checkbox"/>	Credit/Refund Denied	Reason _____
<input type="checkbox"/>	Teacher Notified	Date _____ Initials _____

ARTS FOR ALL!