



AIHT EDUCATION

WITHDRAWAL FORM

STUDENT NAME: _____ PROGRAM: _____
DATE OF BIRTH: _____ PH. NUMBER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL ID: _____

Please check one

- I wish to be withdrawn from all courses and my program of study immediately.
 I wish to be withdrawn from my program of study after current module grades are posted.

Reason for Withdrawal (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Housing Problems | <input type="checkbox"/> Personal/ Family Problems |
| <input type="checkbox"/> Attending another College | <input type="checkbox"/> Financial Problems |
| <input type="checkbox"/> Change in Career Plans | <input type="checkbox"/> Transfer to another Program |
| <input type="checkbox"/> Dissatisfied with College | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Moving | |

I understand that by signing this form, I am withdrawing from the program and the school. If I decide to resume my studies at AIHT, I must reapply for admission. I understand this does not release me from any outstanding financial obligations to the school.

Student Signature: _____ Date: _____

****FOR OFFICE ONLY****

REQUEST COMPLETED YES NO

Comments:

ADMINISTRATOR TITLE: _____

SIGNATURE: _____ DATE: _____