Withdrawal Request for Active Duty Deployment

RETURN THIS FORM TO:
Veterans’ Certifying Official - B101
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2063 • Email: veterans@clcillinois.edu

Instructions: This form is for students who request withdrawal from some or all classes due to active duty deployment. It is the responsibility of the student to initiate and complete all steps of this process or the withdrawal may not be processed. In the event of an emergency or short notice of deployment, contact the Veterans’ Certifying Official at (847) 543-2063 for assistance in processing your request.

Step 1: Complete and sign this Withdrawal Request form to request the College of Lake County to withdraw you from any and all classes in the semester for which you are deployed and provide you a refund of tuition and fees, as appropriate. Submit the form and a copy of your military orders to CLC’s Veterans’ Certifying Official.

Step 2: Return your books to the CLC’s Veterans’ Certifying Official for a refund or “used book” buy-back.

Step 3: If receiving financial aid, discuss any implications on the aid you are receiving with the Veterans’ Certifying Official.

Name: ____________________________________ CLC ID# ______________________

Phone: (___ ) ____________________________ Student Email: ____________________

Address: ____________________________________ (Street) ____________________

(City) ____________________ (State) ____________ (Postal) ____________

I am requesting withdrawal from the class(es) indicated below:

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<th>Term</th>
<th>Class #</th>
<th>Course Description</th>
<th># Credit Hours</th>
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I request that the College of Lake County withdraw me from the above listed classes. I understand that I may be entitled to a refund of tuition and fees associated with the above listed classes. I understand that this may affect my financial aid.

(Student Signature) __________________________________ (Date) ________________

***FOR OFFICE USE ONLY***

Veterans’ Certifying Official Approval
Signature __________________________________ (Date) ______________________

Office of Registrar & Records - the withdrawal of the above listed class(es) is completed
Signature __________________________________ (Date) ______________________

Cashier’s Office – the tuition and fee refund for the above listed class(es) is completed
Signature __________________________________ (Date) ______________________