

CENTRAL TEXAS COLLEGE

VA Withdrawal/Drop Certification Request

Student Information				
Name (Last, First, Middle Initial)			SSN	VA File No (Ch. 35 only)
Address <input type="checkbox"/> Is this an address change?				Email Address
City	State	Zip	Home Phone	Work Phone

Course Information

Please select which term(s) you are withdrawing from:

Fall 20__ Spring 20__ SS-10wk 20__ SU1__ or SU2__

Course Number	Course Title	Is this course online?	Course Start Date	Course Drop Date

____ **INITIALS** I understand I will be responsible to VA for any overpayment received because of this withdrawal.

____ **INITIALS** I understand that by submitting this withdrawal, I may lose part or all of my financial aid or may not be entitled to as refund as per the CTC catalog.

____ **INITIALS** I understand the grade of record will be a W.

____ **INITIALS** I understand that I must make satisfactory progress toward my educational goal and the school will report any changes in my enrollment status or lack of academic progress to VA.

Student Signature: _____ **Date:** _____

**Signature &
Title of Staff Member:** _____ **Date:** _____