



# Total Withdrawal

Phone 208.524.3000 ext. 4 – Fax 208.525.7026  
1600 S 25<sup>th</sup> E – Idaho Falls, ID 83404 – www.cei.edu

## Student Information

Date \_\_\_\_\_ Student ID \_\_\_\_\_  
Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Preferred Email \_\_\_\_\_  
Term Withdrawing From  Fall  Spring  Summer Year \_\_\_\_\_

## Re-Enrollment Decision

Term planned to return \_\_\_\_\_  No plans to return

## Reason for Withdrawal

Changed Mind  Too Difficult  Financial Difficulties  Instructor Concerns  Emergency  Other

## Signatures

Student \_\_\_\_\_ Date \_\_\_\_\_  
CEI Employee \_\_\_\_\_ Date \_\_\_\_\_

\*Fees are refundable prior to the first week of semester. \*Withdrawals received after the semester begins will be assessed a \$10 fee.

## CEI Office Use

Date Entered Current Program \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_

### Tuition Refund by Week

Prior & 1<sup>st</sup> 100%  2<sup>nd</sup> 50%  3<sup>rd</sup> 25%  Later 0%

### Module Courses

Yes  No Program \_\_\_\_\_

## Reason

Student Initiated  Dismissed

Registrar Comments:

## Financial Aid & Veterans Affairs

PERC  Yes  No

FA Comments:

FA Signature \_\_\_\_\_ Date \_\_\_\_\_

VA Signature \_\_\_\_\_ Date \_\_\_\_\_

## Business Office

Owed to Student \_\_\_\_\_ Owed from Student \_\_\_\_\_ PERC  Yes  No

BO Signature \_\_\_\_\_ Date \_\_\_\_\_

BO Comments:

Registrar's  
Signature \_\_\_\_\_ Date \_\_\_\_\_