



BEAUFORT

COUNTY COMMUNITY COLLEGE

WITHDRAWAL FORM

To withdraw from class(es), submit this form to the Registrar's Office or email to registrar@beaufortccc.edu.

STUDENT AND COURSE INFORMATION

Student ID No. OR Last 4 of SSN	Last Name	First Name	MI	Semester/Year	DOB (MM/DD/YYYY)

WITHDRAW FROM THE FOLLOWING CLASS(ES)

COURSE NAME	LAST DATE OF ATTENDANCE <i>(Date must be entered by Instructor or confirmed via printed email.)</i>	INSTRUCTOR SIGNATURE <i>(If signature is unavailable, an email from Instructor will suffice.)</i>

REQUIRED SIGNATURES

Student Signature: _____ Date: _____

Financial Aid Staff Signature: _____ Date: _____

***Stop by financial aid or email the completed form to finaid@beaufortccc.edu to obtain required signature.**

Financial Aid and Veteran students are required to discuss withdrawals with a Financial Aid Advisor before submitting this form.

- a. Students who receive financial aid funds and withdraw from all classes before completing more than 60% of the enrollment period must have their aid adjusted by federal regulation. This may leave an outstanding balance on your tuition account.**
- b. Receipt of financial aid funds in future semesters may be affected by your withdrawal.**