



CENTRAL OHIO TECHNICAL COLLEGE

WITHDRAWAL SURVEY

Name _____
Address _____

Social Security Number _____
Technology/Advisor _____
Phone _____

Quarter Withdrawing From:

_____ Fall quarter _____ Winter quarter _____ Spring quarter _____ Summer quarter

Are you receiving Financial Aid (this includes loans)? _____ Yes _____ No **If yes have you spoken with your Financial Aid Advisor?**

*Withdrawing from the current quarter may create a balance due, especially if you are a financial aid recipient!!
When you return to COTC, you are required to fill out a reactivation form at the Office of Student Records.*

Age: _____ under 18 _____ 18 – 22 _____ 23 – 29 _____ 30 – 48 _____ 49 – 60 _____ over 60

How many quarters have you completed at COTC?

_____ Less than one quarter _____ One quarter _____ Two quarters _____ Three quarters _____ Four or more quarters

Weekly Employment:

_____ None _____ 1 – 15 hours _____ 15 - 30 hours _____ over 30 hours

Reason for attending COTC:

_____ obtain an associate degree _____ obtain a certificate _____ transfer out before obtaining degree or certificate
_____ obtain knowledge for personal interest _____ upgrade skills for current job _____ training for a new job

Educational Status at time of withdrawal:

_____ full-time _____ part-time Number of credit hours this quarter: _____

Do you plan to return to COTC? _____ Yes _____ No

If yes, when do you plan to return?

_____ Fall quarter _____ Winter quarter _____ Spring quarter _____ Summer quarter _____ at a later date

****Reason for withdrawal**: Please Check**

_____ Financial _____ Academic _____ Personal
_____ Financial Aid _____ Transferring _____ Other _____

Refund of Fees Schedule for Full Quarter Classes

| | |
|---|-------------|
| 1 st – 7 th calendar day of the quarter | Full Refund |
| 8 th – 14 th calendar day of the quarter | 50% refund |
| 15 th – 21 st calendar day of the quarter | 25% refund |
| 22 nd calendar day of the quarter through the end of the quarter | NO Refund |

Note: Approximately four weeks are required for processing refunds. Term courses, flexibly scheduled courses and Microcomputer Institute courses have a separate refund schedule; contact the Student Records Office.

Student Signature

Date

****MANDATORY:** Please provide your Campus Connect PIN number for security purposes: _____

***If you do not provide your PIN number, your classes will not be dropped. Please call to confirm that we received your withdrawal request.**

Removed _____
Database _____