Withdrawal Request

Student Name ___________________________________________ Student ID __________________________

Course ___________________________ Term ___________________________ Program ___________________________

Please reference the College’s policies & procedures website (for CFP Professional Education and Designation courses) or the Student Handbook (for Graduate Degree courses) for withdrawal and refund policies. Withdrawal requests must be made in writing (via e-mail, fax, or U.S. mail).

Withdrawal From:  ☐ Course Only  ☐ Program & all related course(s)

Reason for Change:
☐ Change of Company/Employment
☐ Change of Industry
☐ Dissatisfaction with Educational Experience
☐ Financial Issues
☐ Medical Issues
☐ Personal Issues
☐ Transferred to Another Institution
☐ Other Circumstance: ______________________________________________________________

Comments

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Student Signature ___________________________ Date ___________________________

Submit the completed form to the Enrollment Department by email (Enroll@cffp.edu) or fax (303-220-1810).

OFFICE USE ONLY

Enrollment Department - Contacted Date ___________________________ By ___________________________

Registrar’s Office – Record Updated Date ___________________________ By ___________________________