

REQUEST FOR COLLEGE /SEMESTER WITHDRAWAL

Review policy details in Student Handbook - [Leave of Absence and Withdrawal Policies](#).
Graduate Students meet with your Program Chair and **Undergraduates** meet with [Advising & Planning](#) to complete this form
International Students should [meet with ISS](#) before program chair or advisor meeting

REQUEST Required - Check Box to identify your request.

College Withdrawal
I do not plan to return to CCA.

Semester Withdrawal
I wish to be withdrawn from all currently registered courses.

Student Name: _____ **Student I.D. Number:** _____

Student Non-CCA Email: _____ **Student Program / Major:** _____

Are you an international student? YES NO Do you live in on-campus housing? YES NO

What is your reason for this request (Please select one)?

ACADEMIC FAMILY FINANCIAL MEDICAL MILITARY SERVICE
 PERSONAL PROFESSIONAL OPPORTUNITY TRANSFER OTHER

SIGNATURES (Please read carefully and sign below to acknowledge your understanding)

- I **must obtain signatures** and submit this completed form to my Program Chair/Advisor to finalize my request.
- I have reviewed and understand the **Leave of Absence and Withdrawal Policies** in the CCA Student Handbook.
- I will **review and follow** the steps necessary on the [Technical Offboarding for Departing Students](#) Portal page, knowing that Workday and CCA Google **account access will be disabled 3 months after withdrawal date**.
- I understand that I should confer with the following offices prior to my leave and **clear up any unresolved business** with these offices.

STUDENT RECORDS	studentrecords@cca.edu	If you have questions about enrollment / registration.
STUDENT ACCOUNTS	studentaccounts@cca.edu	Confirm that your account is in good standing.
FINANCIAL AID	finaid@cca.edu	If you receive financial aid, review your package.
HEALTH & WELL-BEING	healthinsurance@cca.edu	If you receive CCA health insurance, review eligibility.
HOUSING, DINING & RESIDENTIAL EDUCATION	housingdining@cca.edu	If you live on campus, request housing cancellation. Using this Link .
MEDIA CENTER	mediaservices@cca.edu	If you have utilized related services, confirm that your account is in good standing.
LIBRARIES	librarynotices@cca.edu	

Student Signature: _____ **Date:** _____

ISS Staff Name: _____ **Signature:** _____ **Date:** _____

**For international students with F-1 or J-1 visa ONLY*

(GR) Program Chair Name: _____ **Signature:** _____ **Date:** _____

(UG) Advisor Name: _____ **Signature:** _____ **Date:** _____

For Student Records Office Only

Withdrawal Effective Date: _____ SRO Name: _____ SRO Signature _____ Date: _____