**YOUR SCHOOL NAME**

**Withdrawal Form**

**Directions: Please fill out the portion below that pertains to the type of withdraw that you are submitting.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am formally entering a request to withdraw from YOUR SCHOOL NAME Nurse Aide Training Program. I am submitting my request to withdraw on

 \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, 2023. I understand the refund policy and understand what I may not be permitted a full refund or any refund at all depending on the date in which I am submitting this withdraw. I have been informed of my refund amount which is in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_. I also understand I must return the following equipment in order to receive this refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Withdraw form received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**