

## WITHDRAWAL NOTICE

*(one per student)*

*Please complete this form in its entirety. This form must be turned in before the first of the month you plan to withdraw. Tuition will be charged until we have received your notification of withdrawal. All fees must be paid in full at the time of withdrawal.*

Date: \_\_\_\_\_

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

**List the Class Day(s) & Time(s) you would like to withdraw from:**

Class Day	Class Time	Reason

**To Be Completed by WDC Staff:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

