



REQUEST FOR WITHDRAWAL

FAX TO 303.220.1810

Student Name

Enrollment ID Number

Program

Request Date

Reason for Withdrawal

This section must be completed.

- Change of industry
- Change of company/employment
- Other (explain below):

I understand this request must be signed and submitted to the College for Financial Planning Enrollment Department. I also understand that my refund will be calculated based on the [College for Financial Planning's Policies and Procedures](#).

Student Signature

Date

This Section for Campus Use Only

- Payment Plan
- Paid in full

Withdrawal request received within:

- 30 days
- 31-60 days
- +60 days

Amount paid:	\$	_____
Non-refundable fee:	\$	_____
Non-refundable tuition:	\$	_____
Refund amount:	\$	_____

Enrollment Advisor

Enrollment Date

Approved by

Date submitted to Accounting