



## 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**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**OFFICE USE ONLY**

Enrollment Department - Contacted

Date \_\_\_\_\_

By \_\_\_\_\_

Registrar's Office – Record Updated

Date \_\_\_\_\_

By \_\_\_\_\_