Complete Withdrawal - Program and College

Cincinnati State
TECHNICAL AND COMMUNITY COLLEGE

Last Name _____ First Name _____

Student ID _____ Date of Birth _____

Current Home Phone _____ Current Cell # _____

Current E-mail _____

Current Academic Program/Major(s) _____

Semester: ☐ Fall ☐ Spring ☐ Summer Year _____

☐ Entering military
☐ Employed in related Field
☐ Financial need
☐ Transferring to different school
☐ Employed in non-related field
☐ Other _____

By signing this form, I understand the following:

- This form does not waive my charges. I am responsible for paying my bill.
- If I am registered for classes in the current semester, I am responsible for withdrawing from classes through self-service.
- If I am registered for classes in a FUTURE semester, the Registrars Office will remove me from classes.

Signature _____ Date _____

Your signature is mandatory for form to be processed.

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3520 Central Parkway • Cincinnati, Ohio 45223-2690 • Telephone: (513) 569-1522 • Email: ro@cincinnatistate.edu • Fax: (513) 569-1883

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