



CAMPBELLVILLE UNIVERSITY

OFFICIAL WITHDRAWAL FORM for the Graduate Business Programs at LEC

PLEASE PRINT

ID # _____

Last Date to Attend Class _____ Valid Date (Form I-797) * _____

NAME _____

HOME ADDRESS _____

Telephone # _____

REASON FOR WITHDRAWAL _____

(Student Signature) _____ (Date) _____

Academic Advisor Note: _____
(For Office Use Only)

H-1B Approval does not guarantee a full refund. Refunds are based on the withdrawal and refund policy found in TigerNet.

For Office Use ONLY:

Graduate Semester/G/H Term Programs		
Tuition Refund Table		
Withdrawing during this day/week of the term:	Number of Weeks in Term	
	16	8
Percentage of Tuition Refund		
Within 8 days of course start date	100%	100%
2nd Week	80%	60%
3rd Week	60%	40%
4th Week	40%	20%
5th Week	20%	0%
Thereafter	0%	0%

	Charge	%	Refund
Tuition Course 1	_____	_____	_____
Tuition Course 2	_____	_____	_____
Tuition Course 3	_____	_____	_____
Technology Fee	_____	_____	_____
BA 500	_____	_____	_____
Payment Plan Fees	_____	_____	_____
Total	_____	_____	_____

(Accounts Receivable) _____ (Date) _____