



<b>Charges:</b> <b>Tuition:</b> _____	<b>Registration Fee:</b> _____
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Adult ACCESS Program  
 Box 6682  
 Mars Hill, NC 28754  
 828-689-1166 1-800-582-3047

WITHDRAWAL

WITHDRAWAL POLICY: Emergency withdrawal requests can be made **after** the drop date of each term (August 24 - 1<sup>st</sup> term, September 21- full term or October 26<sup>th</sup> - 2<sup>nd</sup> term) and **must be completed and in the ACCESS Office** by or before Wednesday, September 10 (1<sup>st</sup> Term), October 22 (full term) or October 11 (2<sup>nd</sup> term). Withdrawals must be approved by the Dean or Associate Dean of ACCESS and/or the Manager of Medical Services. Withdrawals which are not approved will result in a failing grade being posted for the course(s). A student is responsible for the full payment of tuition for a course(s) whether approved or not.

Today's Date: \_\_\_\_\_ **Last Date Attended Class** \_\_\_\_\_

From: \_\_\_\_\_ ID # \_\_\_\_\_  
Last Name First MI

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 \_\_\_\_\_

I hereby request permission for a **partial withdrawal** from the course(s) listed below in which I am enrolled for the spring semester.

Course(s)/Section	Instructor
_____	_____
_____	_____

I hereby request permission for withdrawal from **all** course(s) listed below in which I am enrolled for the spring semester

Course(s)/Section	Instructor
_____	_____
_____	_____

Explanation for the withdrawal request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Charges:**

**Tuition:** \_\_\_\_\_ **Registration Fee:** \_\_\_\_\_

Comments from Dean/Associate Dean Adult ACCESS:

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Signature, Dean Adult ACCESS: \_\_\_\_\_ Date: \_\_\_\_\_

Comments from Chief Academic Officer:

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Signature, Chief Academic Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments from Manager of Medical Services:

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Signature, Manager of Medical Services: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:**  
**ADULT ACCESS OFFICE**  
**PO BOX 6682**  
**MARS HILL COLLEGE**  
**Mars Hill, NC 28754**  
**OR**  
**FAX TO: (828) 689-1290**

Sent to: \_\_\_\_\_ Registrar's Office  
\_\_\_\_\_ Business Office  
\_\_\_\_\_ Financial Aid Office  
\_\_\_\_\_ Cassy Mazzagatti