WITHDRAWAL REQUEST FORM

Students who must withdraw from a CFT class must complete this form, sign it, have it signed by a supervisor, manager or human resource representative and fax it to CFT. Acceptance of the withdrawal will be contingent upon the withdrawal policies for the class format. **Withdrawal policies for live in-class evening and seminar programs may be viewed in General Policies and Procedures. Policies for all other formats may be found on the specific format pages.**

Please be familiar with the withdrawal policies for the class format from which you would like to withdraw. These formats will be strictly followed.

Name:_____ Last Four Digits of SS#: _____

Bank: _____ Phone: _____

Email Address:_____

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Class: _____

This is a: Live Class ☐ Online or Self-Paced ☐ Self Study or Testing Out ☐

Class: _____

This is a: Live Class ☐ Online or Self-Paced ☐ Self Study or Testing Out ☐

Class: _____

This is a: Live Class ☐ Online or Self-Paced ☐ Self Study or Testing Out ☐

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_____

Student Signature Date

_____

Supervisor/Manager/HR Rep Signature Contact Info- phone or email Date

This form will not be honored unless all information is filled in.

This form MUST BE RECEIVED BEFORE THE WITHRAWAL CUT-OFF REQUIRMENT DATE FOR THE CLASS FORMAT.

THE OFFICIAL DATE OF WITHDRAWAL WILL BE THE DATE THE CFT OFFICE RECEIVES THIS FORM.

FAX THIS FORM TO: 207-514-8260

CENTER FOR FINANCIAL TRAINING™ & EDUCATION ALLIANCE