

Intensive English Program Withdrawal Form

Family Name _____ Given Name _____ GTID _____
 US Address _____
 US City _____ State _____ Zip Code _____
 Daytime Phone _____ Email _____
 Today's Date _____ Last Day of Attendance _____ Term _____
 Prepared By Student LI Staff (name) _____

Withdrawal Information

- Leaving US Depart Date _____ Airline _____ Flight # _____
- New School Start Date _____ School Name _____
- Work Start Date _____ Company Name _____
- Medical Start Date _____ End Date _____ Doctor _____ (on file _____)
- Visa Status Start Date _____ New Status _____
- Other Describe _____
- Returning to the Language Institute? Term _____ Year _____

Course Information

- Withdraw from all courses this term
- Withdraw from the following course(s)

CRN	Course	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Administrative Section

Week of withdrawal _____ Current Visa Type _____

Sponsored Student Yes No Sponsor Name _____ Invoicing Completed Yes No

Eligible for:

- Final Grades
- Program Certificate
- Return to LI (If no, provide reason: _____)
- Refund (amount: _____)

Account Balance: (LI or GT charges) \$ _____

Amount Paid: \$ _____

Tuition and Fee amounts to **remain** on account: Tuition: \$ _____

Computer Fee: \$ _____

Health Fee: \$ _____

Insurance: \$ _____

Total Charges: \$ _____

Approved by Director or Associate Director: _____ Date _____