



Office of the Registrar
2404 North Grand Avenue, Tyler, TX 75702

SCHOOL WITHDRAWAL FORM

Name: _____ ID#: _____

I am withdrawing from all my classes at Texas College for the: _____
Semester/Year

Purpose of your withdrawal: _____

Student's Signature: _____

NOTE: A student is not officially withdrawn from the College until all signatures are obtain and this form is receive in the Office of the Registrar.

Retention Coordinator: _____ Date: _____

Financial Aid Office: _____ Date: _____

VP for Student Affairs: _____ Date: _____

VP for Business & Finance: _____ Date: _____

VP for Academic Affairs: _____ Date: _____

Office of the Registrar: _____ Date: _____

*Note: Students who are unable to come in person must submit a written request. The Request should contain your name, student ID#, course(s) from which you wish to withdraw, date, and signature. The request will be processed as of the date received. Mail request to: Texas College Registrar's office, 2404 North Grand Avenue Tyler, TX 75702 or fax to 903-593-5830.