

This form is to be used by students requesting to withdraw from a single course or College program.

PLEASE TYPE OR PRINT CLEARLY

## PERSONAL DETAILS

Full Legal Name \_\_\_\_\_  
 Last 4 SSN or APT ID # \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

## CONTACT DETAILS

Residential Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 \* If this is a permanent address and/or phone number change, please mark here:

## TYPE OF WITHDRAWAL

Select one: Course Withdrawal  Program Withdrawal

Course Number & Name \_\_\_\_\_  
 Section Number (e.g. 17.0123) \_\_\_\_\_

## REASON FOR WITHDRAWAL

- Schedule conflict  
 Unable to obtain funding  
 Personal:  Family  Medical  Other: \_\_\_\_\_

Please use the space below to describe in detail your reason for withdrawal.

## STUDENT DECLARATION

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this course cancellation and withdrawal form. The College collects, stores, and uses personal information only for the purposes of administering student and prospective student records. The information collected is confidential and will not be disclosed to third parties without my explicit consent, except to meet government, legal, and other regulatory agency requirements. I further attest that I understand the Course Cancellation and Withdrawal Policy as noted in the APT College Catalog, available at [www.aptc.edu](http://www.aptc.edu).

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Mail Course Cancellation and Withdrawal Form to:

Admissions and Records  
 APT College  
 1939 Palomar Oaks Way, Suite A  
 Carlsbad, CA 92011

## Or via:

e-mail: [studentservices@aptc.edu](mailto:studentservices@aptc.edu)  
 Fax: 888-431-8588