

International Student Services Sierra Vista, 3rd Fl 1500 N Verdugo Rd Glendale, CA 91208-2894 818-240-1000 x6645 gcciso@glendale.edu

Withdrawal Form

Please use this form to request a withdrawal from Glendale Community College. This form should not be used for a medical leave of absence; please use the <u>Reduced Course Load form</u> for medical leaves of absence. This form should not be used if you are leaving GCC to attend another school; please complete the <u>Transfer Out Form</u> for this purpose.

You will have 15 days to depart the US from the day that you request to withdraw from the College. Should you decide to return to GCC within 5 months of your last day of study, please contact us at least 2 months in advance of the start of the term as we may be able to reactivate your old I-20.

Last/Family Name	First Name	Middle Name
GCC ID Number	Date of Birth (MM/DD/YY)	Phone number (XXX-XXX-XXXX; please ensure voicemail is activated
Departure Date (you mu	st depart the US within 15 days of w	vithdrawing):
Reason for Withdrawal	(please select as many as apply):	
☐ Financial issu	es	
☐ Family/Perso	onal Issues	
☐ Decided to st	op pursuing education	
	1	I will continue taking classes online from overseas. I ply for OPT and/or an immigration transfer.
☐ Other (please	specify):	
If applicable: Will you	complete the current semester:	□ Yes □ No, I must leave immediately
*Note: you are still responsible	•	All courses Future semester courses only the established add/drop period. Please work on a payment plan with ellection agency
Student signature		Date (MM/DD/YY)