



# Continuing Education Course Drop/Withdrawal/Refund Request Form

Please review the [Student-Initiated Withdrawals procedure](#) prior to completing this form.

Completed forms must be submitted to Admissions, Registration, and Records via email ([registration@durhamtech.edu](mailto:registration@durhamtech.edu)), fax (919-686-3768), or in person (Phail Wynn, Jr. Student Services Center (Building 10), room 10-201). Incomplete forms will not be accepted.

## Student Information

Name		Telephone	
ID Number		Email	

## Course Information

Course No.	Course Title	Instructor Name	Course Start Date	Requested Action (Drop or Withdraw; See below)

## Requested Action

Drop – Dropping one or more courses between the original registration date and the course census date. A drop results in a “DR” grade. Students who drop one or more courses are eligible for a refund of registration fees paid.

Withdraw – Withdrawing from one or more courses between the course census date and the last day of the course. A withdrawal results in a “W” grade. Students who withdraw from one or more courses are not eligible for a refund.

Reason for Request(s):

## Refunds

If your refund request is approved and you have entered banking information into Self-Service, you will receive your refund via direct deposit. If not, you will receive your refund via a check mailed to the address you have on record with the College.

If you prefer to have your refund check mailed to an alternate location, please complete the fields below.

Please mail my refund to:  Employer  Other/Third Party Sponsor

Name of Individual/Company/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**Attestation**

By signing below, I attest that I am voluntarily requesting to drop or withdraw from the course(s) listed above. I understand that my eligibility for a refund of registration fees paid is determined in accordance with College and North Carolina State Board of Community College guidelines and procedures.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR ADMISSIONS, REGISTRATION, AND RECORDS USE ONLY**

Request Received By (Printed Name):

Request Received By (Signature):

Date Request Received:

Course No.: \_\_\_\_\_ Course Title: \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_

Request Approved	Request Denied
<input type="checkbox"/> Student Dropped with "DR" Grade <input type="checkbox"/> 100% Refund Total Refund Amount: \$ _____ <input type="checkbox"/> 75% Refund Total Refund Amount: \$ _____ <input type="checkbox"/> Student Withdrawn with "W" Grade <input type="checkbox"/> Program Director Exception	<input type="checkbox"/> Past Deadline <input type="checkbox"/> Refund Ineligible

Processed/Entered By (Printed Name):

Processed/Entered By (Signature):

Date: