

**WITHDRAWAL FORM  
FLORIDA GATEWAY COLLEGE**

STUDENT I.D. NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME			MIDDLE	PREVIOUS		
FALL ____	SPRING ____	SUMMER ____	YEAR _____				

**ARE YOU RECEIVING OR DO YOU EXPECT TO RECEIVE:**

FINANCIAL AID OR SCHOLARSHIPS \_\_\_\_      VA BENEFITS \_\_\_\_      THIRD PARTY PAYMENTS OR SPONSORSHIPS \_\_\_\_

Changes to your schedule may impact financial assistance being received.

**INSTRUCTOR MUST SIGN AND FILL IN LAST DATE OF ATTENDANCE**

Instructor Signature (Required)	CRN	Course I.D.	Section #	Last Date of Attendance

**Acknowledgment:** By registering for classes, I understand and agree that: I am registering for courses and am responsible for the payment of all tuition and fees by the established due dates, unless I drop the courses. If my account becomes delinquent, I will be responsible for paying the College all past due amounts/service charges and any associated collection agency fees up to a maximum of 30% of the account balance, reasonable attorneys' fees, costs and expenses incurred by the College in its collection efforts.

Student Signature	Date
Advisor Signature	Date
Financial Aid	Date
Enrollment Services	Date