



## CCRN CREDENTIAL COURSE WITHDRAWAL NOTICE

*This form should be submitted to the Candidate's assigned credential instructor when the Candidate desires to complete a total withdrawal from the course.*

*\*Required Field*

\*Candidate Name: \_\_\_\_\_

\*Home Street Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Course Title: \_\_\_\_\_

\*Instructor Name: \_\_\_\_\_

**\*My intent for my total withdrawal to take effect: (select one)**

Immediately  At the conclusion of this module/session

**\*Please initial** next to the following statements indicating your understanding of and agreement with each:

\_\_\_\_\_ I am not enrolled in any courses in future terms.

\_\_\_\_\_ I am aware of the financial implications of my decision to withdraw at this time. The Finance Department can be reached at (716) 877-6666 x3010 or [cventura@wnychildren.org](mailto:cventura@wnychildren.org) to discuss the financial implications of withdrawing.

**\*Check next to the primary factor(s) below that have contributed to your decision to withdraw:**

Dissatisfaction with CCRN faculty and/or academic support

Dissatisfaction with CCRN course structure/facilities

Employment conflict

Family concerns

Financial concerns

Medical/mental health concerns

Leaving the field of early childhood

Other



Please write a brief explanation below of why the factor(s) you selected have led to your decision to withdraw.

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\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

PLEASE NOTE: Form must be returned within published deadlines to be accepted. Withdrawal from course(s) may affect Student Financial Aid. Contact the Financial Aid Office for further Information. WITHDRAWAL FROM COURSE DOES NOT RELEASE STUDENT FROM FINANCIAL LIABILITY.

<b>FOR OFFICE USE ONLY</b>	
Date received: _____	Initials: _____
Date processed: _____	Initials: _____
<input type="checkbox"/> No financial obligation	<input type="checkbox"/> Financial obligation: \$ _____
	Date met: _____