



GRAYS HARBOR COLLEGE

WITHDRAWAL FROM ALL CLASSES

Must be completed by an advisor or counselor in the Student Support Center

Quarter (Mark all that apply)

SU _____ F _____ W _____ SP _____ YEAR _____

Today's Date: _____

When do you plan to return to Grays Harbor College?

| STUDENT ID | LAST NAME | FIRST NAME | PHONE |
|-----------------|-----------|------------|-------|
| | | | |
| MAILING ADDRESS | CITY | ST | ZIP |
| | | | |

Check here if this is a new address since registration.

1. Have the financial aid consequences and possible repayment details been explained to you? '

Please note you may owe a repayment. Yes No

2. The major reason(s) you are withdrawing. (Circle all that apply)

Finances Family Issues Childcare Employment Illness
 Transportation Relocation Transfer to another school Issues related to COVID19

Financial Aid issues (Please specify) _____

Academic Issues (Please specify) _____

Other (please specify) _____

3. Did you receive Veterans Benefits? No Yes If yes, Please contact GHC Veterans Services at (360) 538-4273

4. How would you rate your overall experience at Grays Harbor College?

Excellent Good Average Poor

Comments _____

Student Signature _____

Date _____

Support Center Signature _____

Date _____

Enrollment Services Signature _____

Date _____

Refund Percentage:

Type of Withdrawal:

Processed by:

100 50 0

Student FA Suspension Academic Susp/Dismissal
 Medical Non-Payment Administrative

ES _____ Date _____