

Warren Woods Adult & Community Education Withdrawal From Enrollment Form

DIRECTIONS: Please complete and **mail** to: Warren Woods Adult & Community Education, 12900 Frazho Road, Warren, MI, 48089
or **fax** to: 586.439.4968.

All High School Completion and English As A Second Language (ESL) students should use this form to officially withdraw from enrollment prior to the end of an enrollment period. Name, signature, and date are required, but the remaining information is voluntary. Information gathered will not be disclosed outside the agency except as required, including for accountability reporting purposes. Information gathered in this form may be helpful in determining how to better serve the needs of future students.

WITHDRAWAL STATEMENT

I, _____, withdraw from enrollment in Warren Woods Adult & Community Education. I understand that I may not receive credit for incomplete courses by withdrawing at this time. I also understand that graduation requirements, if applicable to my program of enrollment, may change should I wish to re-enroll in the future. If I am receiving Social Security or other benefits, I understand that my enrollment status will be communicated with the appropriate agency if this information has been requested by the agency.

Signature: _____ Date: _____

VOLUNTARY: Please provide the following information. Check all that apply.

- My educational goals have changed, and I no longer wish to pursue my education through Warren Woods.
- I have enrolled in a GED program.
Name of school/program: _____
- I have enrolled in a community college or other postsecondary program.
Name of school/program: _____
Field of study: _____
- I passed my citizenship test and no longer wish to pursue classes.
- My work schedule has changed and conflicts with available class days and times.
- I started a new job, which prevents me from attending classes.
Employer: _____
Employer address: _____
Start date of employment: _____
- Unemployment/public assistance benefits no longer requires that I attend classes.
- I have a medical condition or high-risk pregnancy, which prevents me from attending classes.
- I am hospitalized and unable to attend classes.
- I am needed to care for a family member or child, which prevents me from attending classes.
- I am unable to make reliable, appropriate child care arrangements for my children during class times.
- I am incarcerated or otherwise legally unable to attend classes.
- The conditions of my probation no longer require me to be enrolled in this program.
- I do not have reliable transportation to get to classes.
- I have moved and am no longer in geographic proximity to Warren Woods.
New address: _____
- The days and times offered for classes do not suit my needs.