



Course Withdrawal Form

Date: _____

Enrolled On Campus Off Campus Distance Learning

Name: _____ Email: _____

I am withdrawing from the following course(s):

Course Name: _____ Course Name: _____

Course Name: _____ Course Name: _____

Please give the reason for your withdrawal below:

Refunds are assessed from the date a completed withdrawal form is submitted to the Registrar office and according to the refund policy. Refunds are only by check and may take two – three weeks to process.

If you are eligible for a refund, please indicate below:

I wish to leave any remaining balance on my account.

I wish to request a refund.

Refund payable to: _____

Address check is to be mailed to: _____

City: _____ State: _____

Zip Code: _____ Phone number: _____



39407 Murrieta Hot Springs Rd.
Murrieta, CA 92563

p: (951) 696-5944
f: (951) 696-5634

ccbc@calvarychapel.com
www.calvarychapelbiblecollege.com