Fillable PDF Form

Instructions - DO NOT USE A MOBILE DEVICE

- **Please follow thes steps to assist you with filling out this digital form.**

BEFORE YOU BEGIN:

- **Be sure you have downloaded Adobe Reader DC to your laptop: https://get.adobe.com/reader/**
- **Do not use any other PDF application only use Adobe Reader DC**
- **Prepare a file location to download the form**

GETTING THE FORM FROM WEBSITE TO LAPTOP:

- **Do not fill out the form while online using the browser**
- **You will need to download the form from our website**
- **At the top right of the open form window is a download icon.**
  - (Sample screenshot of a form browser window not actual form naming scheme for this form
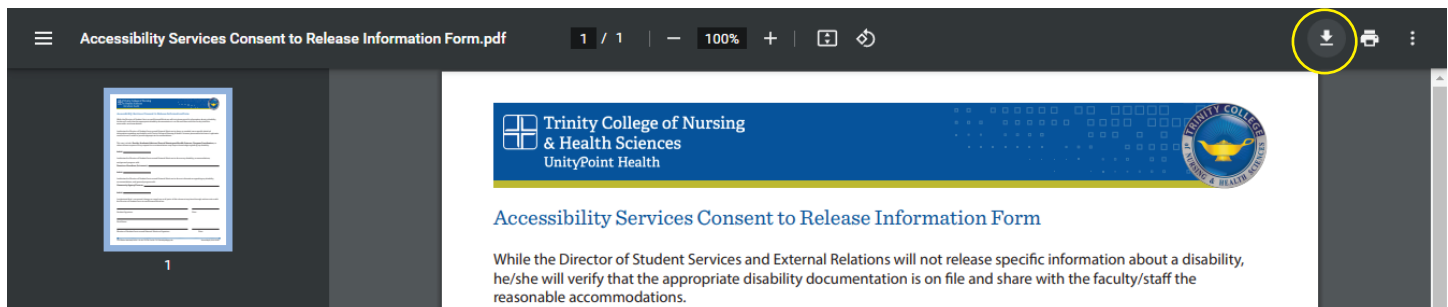
- **By default your file will want to download to the downloads folder on your laptop unless you choose a different location - Click Save**
- **Open Adobe Reader DC - Select the downloaded PDF form from within the program. Don't double-click from the forms location, it may open the browser and if you fill out the form none of the data will send or be saved.**
- **Fill out the form and when you are ready to save go to File and select Save**

- **How to attach PDF to your email.**
  - Open your email service.
  - Create an email and attach your filled PDF form and send to Cara.Banks@trinitycollegeqc.edu

College Withdrawal Form

A student withdrawing from Trinity College must secure a signed College Withdrawal Form within 10 business days of requesting to be dropped from a course in order to officially withdraw. The official withdrawal date will be the date the Financial Aid Specialist or Business Services Specialist designates per Department of Education regulations. If a student leaves without properly processing a withdrawal, the official withdrawal date will be the date Trinity College becomes aware of the student's withdrawal, or the midpoint of the term, whichever is earliest. Students who do not follow the withdrawal process may be assigned a grade of "F" and refunds will not be granted. Transcripts will not be issued unless all financial obligations to the College are met.

_____

Full Name

_____   _____

Personal Email   Date of Birth

_____

Program   Reason for withdrawal

☐   I have been given the opportunity to review the refund policy in the College Catalog.
☐   Failure to return my College-issued badge will result in a $25 fee being added to my tuition account.

_____   _____

Student Signature   Date

ADVISOR/ADMINISTRATIVE

Reason for withdrawal: _____

Last Date of Attendance:		Is Student registered for courses in the upcoming term? (If yes, please drop via portal and submit this form within 10 business days)	☐ Yes ☐ No
Photo Badge returned? (student will be billed $25)	☐ Yes ☐ No	Is Student currently enrolled in Gen Ed classes? (If yes, do not complete form until within one week of end of term) ☐ Add/Drop Form completed	☐ Yes ☐ No

_____   _____

Advisor or Program Coordinator Signature   Date

FINANCIAL AID/BUSINESS SERVICES SPECIALIST

☐ Financial Aid Policies reviewed	☐ NSLDS updated
☐ Exit interview conducted/mailed	☐ Transcript policy reviewed
☐ Student account balance _____	☐ Official Withdrawal Date _____

_____   _____

Financial Aid or Business Services Specialist Signature   Date

CONFIRMATION OF WITHDRAWAL

_____   _____

Dean Signature   Director of Student Services Signature

☐UPHT access terminated   ☐Badge Access Terminated
☐Email to Advisor & Student   ☐Uploaded to CAMS

Trinity College of Nursing & Health Sciences
UnityPoint Health

Add/Drop Form: General Education Courses & Clinical Make-Up Unit

* THIS FORM MUST BE SUBMITTED ELECTRONICALLY, VIA EMAIL
SUBMIT THIS FORM WITH A <u>COLLEGE WITHDRAWAL FORM</u> IN THE EVENT THAT BY DROPPING THIS COURSE YOU ARE NO LONGER ENROLLED IN ANY COURSES

Fall Semester 20 _____   Winter Semester 20 _____   Spring Semester 20 _____   Summer Semester 20 _____

STUDENT NAME: (Top portion must be completed in its entirety.)

_____
(Student Last Name)   (First Name)   (Middle Name)

_____
(Address)   (City, State)   (ZIP)

Home Telephone: _____   Work Telephone: _____   Cell Phone: _____

Social Security# _____-_____-_____   Birthdate: _____-_____-_____

Student's E-mail Address: _____

CLASSIFICATION: ☐ AAS   ☐ BSHS   ☐ BSN   ☐ MSN

COURSE NAME (i.e. Bio 145)	Check box if "online" course	5 OR 6 DIGIT COURSE NUMBER *NOT APPLICABLE TO PORTAGE CLASSES*	SECTION NUMBER	SEMESTER HOURS	PROVIDING INSTITUTION (POR, BHC, EICC)	WP – Withdrawal Passing WF – Withdrawal Failing A – Add D – Drop

CMU COURSE	FACULTY	DATE OF MISSED CLINICAL	REASON FOR MISSED CLINICAL	DATE OF CMU	A – Add D – Drop

Advisor Signature: _____   Date: _____

Program Director/Chair Signature: _____   Date: _____

REFUND POLICY

It is very important to be aware of the Refund Policy. The Refund Policy varies by the institution in which the courses are offered, therefore students should check the Refund Policy for that institution.

I AUTHORIZE THE DEDUCTION OF ANY FINANCIAL ASSISTANCE TO PAY TUITION AND FEES FOR COURSES ON THIS REGISTRATION FORM. I REALIZE I MUST BE IN REGULAR CLASS ATTENDANCE TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

Your signature on the line below indicates that you have read and understood all of the information concerning registration and financial assistance. **This form will not be processed without a student signature.**

Student's Signature: _____   Date: _____