



Withdrawal Request Form

Please return completed form to enroll@cffp.edu

PART 1: STUDENT INFORMATION

Student Name:	Birthdate:
Student ID#:	Email:

PART 2: COURSE/PROGRAM INFORMATION

<input type="checkbox"/> CFP® Certification Education Program (withdraw from the full program) <ul style="list-style-type: none"> <input type="checkbox"/> FP511 General Financial Planning Principles, Professional Conduct, and Regulation (course only) <input type="checkbox"/> FP512 Risk Management, Insurance, and Employee Benefits Planning (course only) <input type="checkbox"/> FP513 Investment Planning (course only) <input type="checkbox"/> FP514 Tax Planning (course only) <input type="checkbox"/> FP515 Retirement Savings and Income Planning (course only) <input type="checkbox"/> FP516 Estate Planning (course only) <input type="checkbox"/> FP517 Financial Plan Development (course only) <input type="checkbox"/> CFP® Exam Prep Review	<input type="checkbox"/> AAMS® <input type="checkbox"/> ABFP™ <input type="checkbox"/> ADPA® <input type="checkbox"/> APMA® <input type="checkbox"/> AWMA® <input type="checkbox"/> CRPC® <input type="checkbox"/> CRPS® <input type="checkbox"/> CSRIC™ <input type="checkbox"/> FPQP™ <input type="checkbox"/> SE-AWMA™ <input type="checkbox"/> WWSM
<input type="checkbox"/> LUTCF (withdraw from the full program) <ul style="list-style-type: none"> <input type="checkbox"/> LUTCF201 Introduction to Practice Management & Life Insurance (course only) <input type="checkbox"/> LUTCF202 Insurance & Investment Products (course only) <input type="checkbox"/> LUTCF203 Risk Management Applications (course only) 	
<input type="checkbox"/> Master of Science (withdraw from the full program) <ul style="list-style-type: none"> <input type="checkbox"/> Course only: _____ 	

PART 3: WITHDRAWAL INFORMATION

<input type="checkbox"/> Change of Company/Employer/Employer's Educational Requirements	<i>Student's employer has changed but remains within the financial services industry and/or there are changes to an employer's educational requirements</i>
<input type="checkbox"/> Change of Industry	<i>Student is no longer employed within the financial services industry</i>
<input type="checkbox"/> Change of Program/Designation	<i>Student will remain enrolled at the College but a change in program is desired</i>
<input type="checkbox"/> Course not Required/Transfer Credit Awarded	<i>Student is not required to complete the course to graduate from the program</i>
<input type="checkbox"/> Dissatisfaction with Educational Experience	<i>Student is not satisfied with the education and/or educational experience</i>
<input type="checkbox"/> Financial	<i>Student is focusing on financial responsibilities outside of their enrollment</i>
<input type="checkbox"/> Medical	<i>Student is focusing on medical responsibilities outside of their enrollment</i>
<input type="checkbox"/> Personal	<i>Student is focusing on personal responsibilities outside of their enrollment</i>
<input type="checkbox"/> Transferred to Another Institution	<i>Student has opted to enroll at another college/university</i>
<input type="checkbox"/> Other: _____	

PART 4: TEXTBOOKS (CFP® AND DESIGNATION PROGRAMS ONLY)

Will you be returning the textbooks? Yes (Refunds will not be processed until receipt of textbooks has been confirmed.)
 No (Refunds will be calculated minus the cost of textbook(s).)

I understand the College's withdrawal and refund information is available on the College's website. By completing and submitting this form I confirm that I would like to be withdrawn from the course/program indicated above.

Student Signature: _____ Date: _____

For official use only	Date Processed:	Processed By:
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