

**INTERMEDIATE UNIT 1
Withdrawal Form**

Intermediate Unit 1 One Intermediate Unit Drive Coal Center PA 15423 724-938-3241 Fax 724-938-8722

Instructions:

Registrants use this form to withdraw from a course after the course has begun, or if they are not going to complete an online course, if they wish to complete the course the next time it runs. (NOTE: You cannot makeup missed time in an online course. An online course must be retaken in entirety.) Registrants should submit completed form, including Instructor's approval, to the IU 1, attn: Lil Mickens, by the end of the last session, along with a check made payable to the IU 1 General Fund.

Today's Date: _____

Student: _____

PDE Professional Personal ID: _____

(For PA Educators- forms without PDE ID# will not be processed)

Instructor: _____

Course: _____

Date(s): _____

Reason for Withdrawal:

I wish to withdraw from this course, and ... (check one)

I would like to complete this course the next time it runs. \$25.00 Processing Fee.

I do not wish to complete this course. No credit or refund will be issued. Balance of tuition, if unpaid, is still due in addition to the \$25.00 withdrawal fee.

Anticipated completion (if known): _____

*Missed time must be made up the next time the course runs. This may not be extended without prior approval from Director of IU 1 Instructional Support Services.

Student: _____

(by signing, I accept the terms and conditions, and understand that failure to comply will result in not receiving credit and or Act 48 hours. I understand that I am not receiving financial credit, but will be permitted to complete this course the next time it runs. I understand that I will be responsible for any increase in tuition or fees that may arise before completing this course, and will have to pay the difference. Failure to complete this course the next time that it runs will result in the forfeit of any payments, Act 48 hours or CPE Credits. I will then be required to register and pay the tuition and fees again.)

Instructor Approval: _____

(Office use only)

IU 1 Approval: _____

Director of Instructional Support Services (not valid without IU 1 approval)

Received Date _____ Completed Date _____

Payment Info:

Date: _____ Amount paid: _____ Ck #: _____