



BERMUDA COLLEGE

STUDENT ENROLMENT REGISTRATION & RECORDS WITHDRAWAL NOTICE

Name: _____ Student ID#: _____
 Address: _____
 Parish: _____ Postal Code: _____
 Division: _____ Semester: _____ Last Date Attended Class: _____
 Course Name: _____ Course Code: _____

Please tick appropriate box for payment method:

Paid by: Cash Cheque Credit Card
 Card# _____ Expiration Date: _____
 Visa MasterCard Other: _____

Reason for withdrawing:

Employment Financial Constraints Academic Difficulties
 Family Responsibilities Unmet Expectations
 Other (Please specify): _____

Date: _____ Student Signature: _____

FOR OFFICIAL USE ONLY

Comments: _____

SERR Staff Signature: _____

Date reversed: _____

Date sent to Accounts: _____ Date of cheque: _____

Date received by Accounts: _____ Amount of refund: _____

Date processed by Accounts: _____ Cheque Number: _____

Accounts Staff Signature: _____

*NO CASH REFUND