

WITHDRAWAL NOTICE

STUDENT ENROLMENT, REGISTRATION & RECORDS (SERR)
Bermuda College P.O. Box HM 2718, Hamilton HM LX BERMUDA
T: 236-9000 ext. 4145 | FAX: 239-4051 | E: serr@college.bm

Name: _____
Surname Maiden (if applicable) First Name Middle Initial

Bermuda College Student ID#: _____ Date of Birth: / /

Contact Numbers: (H) _____ - _____ (C) _____ - _____ (W) _____ - _____

Email: _____ Date of Birth: / /

Current Mailing Address: _____

Postal Code: _____

DIVISION Arts & Science Business, Hospitality & Technical Education Nursing and Allied Health

COURSE NAME: _____ **Course Code:** _____

Semester: _____ Last Date Attended Class: _____

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**