



# National Bible College and Seminary

6700 Bock Road  
Fort Washington, Maryland 20744  
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## COURSE WITHDRAWAL FORM

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Registered Course: \_\_\_\_\_

Course Began: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

### Reason for Withdrawal:

\_\_\_\_\_

### REFUND POLICY

- No refund of fees.
- Refund on tuition or semester hours:
- **Prior to first class.....100%**
- First week of the semester ..... 90%
- Second week of the semester ..... 80%
- Third week of the semester ..... 70%

**\*No refund after the third week of the semester.**

**\*I am responsible for the full or partial payment of class based on the time of withdrawal**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Instructor's Signature

<b>NBC&amp;S USE ONLY</b>	
Approved by: _____	Date: _____
Refund Percentage: _____	