



**JUDAH**  
— BIBLE COLLEGE —

## COURSE & TERM WITHDRAWAL FORM

*To officially withdraw from one or more courses or from the entire term, complete every section of this form and submit to the Registrar.*

### IMPORTANT INFORMATION

- Your withdrawal effective date is the date this form is received by the Registrar — not the last day you attended class.
- Refund eligibility is calculated from the effective date according to the published Refund Policy.
- Simply ceasing to attend without filing this form will result in a failing grade and forfeiture of any refund.
- Submit completed form to: [admin@judahbiblecollege.org](mailto:admin@judahbiblecollege.org)

### 1. STUDENT INFORMATION

FULL LEGAL NAME

STUDENT ID NUMBER

EMAIL ADDRESS

PHONE NUMBER

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

DATE OF BIRTH

DATE OF REQUEST

## 2. PROGRAM

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### Current Program (check one):

- Associate Degree in Biblical Studies
- Bachelor's Degree in Biblical Studies
- Bachelor's Degree in Ministry & Leadership
- Audit / Non-Degree Student

**CURRENT TERM & YEAR**

**DATE FIRST ENROLLED**

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## 3. TYPE OF WITHDRAWAL

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*Please check the option that best describes your situation.*

- Course Withdrawal — I am dropping one or more courses but remaining enrolled this term.
- Full Term Withdrawal — I am dropping all courses for this term but plan to return in a future term.
- Leave of Absence — I am pausing my studies for a defined period (1–2 terms) and intend to return.
- Full Withdrawal from Program — I am leaving Judah Bible College and do not plan to return at this time.

## 4. COURSE(S) BEING WITHDRAWN FROM

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*List every course you are dropping. If withdrawing from the full term, list all current courses.*

#	Course Title	Instructor
1		
2		
3		
4		

## 5. REASON FOR WITHDRAWAL

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*Check all that apply. This information helps us better serve current and future students.*

- Financial hardship
- Medical or health reasons (documentation may qualify for extended refund — see Section 6)
- Family circumstances or caregiving responsibilities
- Death of an immediate family member (documentation may qualify for extended refund)
- Work schedule conflict
- Military deployment or service obligations (documentation may qualify for extended refund)
- Moving / relocation
- Course workload heavier than expected
- Personal or spiritual reasons
- Dissatisfaction with course or program (please share specifics in the box below)
- Other (please describe below)

Please share any additional context. We read every response.

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## 6. SPECIAL CIRCUMSTANCES (IF APPLICABLE)

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*If you are requesting an extended refund or term credit due to medical emergency, military deployment, or death of an immediate family member, please submit supporting documentation along with this form. All special-circumstance requests are reviewed by school leadership.*

**Are you requesting consideration under a special circumstance?**

- No
- Yes — I have attached supporting documentation.
- Yes — I will submit supporting documentation within 14 days.

## 7. PASTORAL CONVERSATION

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*Judah Bible College is more than a school — it is a community committed to your spiritual growth. We never want a student to walk away alone or unheard.*

**Have you spoken with anyone in school leadership before submitting this form?**

- Yes
- No

**Would you like a member of our team to reach out to you?**

- Yes — please call or email me.
- No — I would prefer not to be contacted at this time.

**Is there a way we can pray for you?**

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## 8. RE-ENROLLMENT INTENT

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**Do you anticipate returning to Judah Bible College?**

- Yes — I plan to return.
- Unsure — I may return in the future.
- No — I do not plan to return at this time.

**IF RETURNING, WHAT TERM DO YOU INTEND TO RE-ENROLL?**

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**What would help you successfully return or continue your studies?**

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## 9. FINANCIAL ACKNOWLEDGMENT

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*Please review and check each statement to confirm your understanding.*

- I understand that the Refund Policy applies based on the date this form is received by the Registrar.
- I understand that Application Fees, Late Registration Fees, and any returned-payment fees are non-refundable.
- I understand that any unpaid balance must be settled before I can re-enroll, receive transcripts, or graduate.
- I understand that simply stopping attendance without filing this form will result in a failing grade and no refund.
- I understand that if I am on a payment plan, I am responsible for the portion of tuition that is not refunded according to the published schedule.

**CURRENT OUTSTANDING BALANCE (IF KNOWN) — LEAVE BLANK IF UNSURE**

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## 10. STUDENT SIGNATURE

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By signing below, I confirm that the information provided is accurate, that I have read and understood the Refund Policy, and that I am submitting this form as my official notice of withdrawal.

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**STUDENT SIGNATURE**

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**DATE**

# FOR OFFICE USE ONLY

*Do not write below this line. To be completed by the Registrar.*

<b>DATE FORM RECEIVED</b>	<b>EFFECTIVE DATE OF WITHDRAWAL</b>
<b>WITHDRAWAL TYPE CONFIRMED</b> <input type="checkbox"/> Course <input type="checkbox"/> Term <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Program	<b>REFUND TIER APPLIED</b> <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0% (No Refund)
<b>REFUND AMOUNT</b> \$	<b>REFUND METHOD</b> <input type="checkbox"/> Check <input type="checkbox"/> Card Reversal <input type="checkbox"/> ACH / Bank Transfer <input type="checkbox"/> Term Credit
<b>OUTSTANDING BALANCE OWED</b> \$	<b>ACADEMIC RECORD UPDATED</b> <input type="checkbox"/> Yes <input type="checkbox"/> Pending Date: _____
<b>PASTORAL FOLLOW-UP COMPLETED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined By: _____	<b>PROCESSED BY</b> Date: _____

## REGISTRAR'S NOTES

\_\_\_\_\_  
REGISTRAR / EXECUTIVE DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE