



1000 University Center Lane
Lawrenceville, Ga 30043
Phone: 678-407-5300
Email: ggceli@ggc.edu

ELI Program/Course Withdrawal Request Form

ELI Student Information (Legal Name)

Last Name/Surname:	First/Given Name:
Email:	Phone:
Student ID:	Current ELI Session: Fall A <input type="checkbox"/> Fall B <input type="checkbox"/> Spring A <input type="checkbox"/> Spring B <input type="checkbox"/> Summer <input type="checkbox"/> Year:

I am requesting a (select one):

Program Withdrawal

Course Withdrawal

List below the ELI course(s) you are requesting to withdraw from:

Reason For Withdrawal from the English Language Institute

Academic: No longer need course Course too difficult, etc. Other: _____

Personal: Family responsibilities work schedule conflict Other: _____

Student Signature:	Date:
--------------------	-------

ELI Refund Policy: There will be no program fee refunds after the third week of classes.

- 75% refunded if withdrawn before the end of the first week.
- 50% refunded if withdrawn before the end of the second week.
- 25% refunded if withdrawn before the end of the third week.

To Be Filled out by ELI Academic Advisor

Withdrawal Approved: 1st week 2nd week 3rd week

Withdrawal Denied:

Advisor's Name & Title: _____

Email:	Phone:
--------	--------

Signature:	
------------	--

For ELI Use Only

Received by:	
--------------	--