Lewis-Clark STATE COLLEGE
(208) 792-2223
Fax (208) 792-2429
500 8th Avenue
Lewiston, ID 83501
Office of Admission/Registrar
www.lcsc.edu/registrar

TOTAL WITHDRAWAL FORM

IF ANY GRADE FOR ANY CLASS HAS BEEN ASSIGNED FOR THE CURRENT TERM
DO NOT USE THIS FORM (use drop/add form instead).

Term Withdrawing (FA, SP, SU) _____Year _____ Date _____

Name _____ ID Number or

SSN_____

Below is a new mailing address upon leaving LCSC? ☐ Yes ☐ No

Current Mailing Address _____ State _____

ZIP_____

Phone Number _____ ☐ This is a new phone number upon leaving LCSC

Cell Number _____ ☐ This is a new cell number upon leaving LCSC

Number credits registered for this term? _____ Are you receiving financial aid? ☐ Yes ☐ No

Are concurrently enrolled, or under a consortium agreement, with another institution? ☐ Yes ☐ No

If yes what institution: _____

Do you currently reside in one of the student housing facilities on campus? ☐ Yes ☐ No

Do you plan to return to LCSC? ☐ Yes ☐ No

What are your current occupational or educational plans?

_____

_____

Students Should Consider the Following Before Completing this form…

1. Will a refund be forthcoming? (see Controller's Office)
2. Will I owe any money back to the institution as a result of completing this form? (see Controller's Office)
3. If a loan was received, when will repayment begin as a result of completing this form (see Financial Aid Office)
4. Will I be able to receive financial aid upon my return to LCSC? (see Financial Aid Office)
5. Will I be able to return to LCSC when I'm ready? (see Registrar's Office)

If this form is not completed and the student stops attending classes, Failing grades (F) will be the result, which will lead to repayment, financial aid and academic standing (suspension) issues.

1. _____ _____
Student's signature date

2. _____ _____
Financial Aid Office signature date

3. _____ _____
Controller's Office signature date

4. _____ _____
Dean of Student Services signature date

Registrar's Use Only:

Drop Date:_____

STNT:_____

Completed by:_____