



COURSE WITHDRAWAL FORM

Student Name: _____
FIRST LAST

Mailing Address: _____
STREET UNIT/APT #

CITY STATE ZIP CODE

Phone: (____) _____ Email: _____

I wish to be withdrawn from the following course:

Course Name: _____ Course Start Date: _____

Reason for Withdrawal:

Before submitting this form, please read the following:

- Signed forms must be dropped off or emailed to nj.caregiveracademy@gmail.com by 11:59pm EST on the last day of the specified withdrawal period for your course.
- Failure to submit this form by the deadline may result in non-refundable tuition.
- Deadline Dates are posted on the Policies Page of our website:
<https://www.newjerseycaregiveracademy.com/policies>

I have read and understand the above information.

Student's Signature

Today's Date

New Jersey Caregiver Academy, LLC.
2360 Route 33, Suite 102, Robbinsville, NJ 08691
609-416-2442 | nj.caregiveracademy@gmail.com
www.newjerseycaregiveracademy.com

Date Received/Withdrawn _____

Refund Eligible YES/NO _____

Refund Amount \$ _____

Refund Issue Date _____

Staff Signature _____