



CRD TRAINING INSTITUTE

WITHDRAWAL NOTIFICATION FORM

Withdrawal Deadline (On or Before 2nd Class Session)

✎ Please Print!

Social Security No. _____ Today's Date: _____

Last Name First Name Middle

Home Address: _____

City: _____ State: _____ Zip code: _____

I wish to withdraw from the following: Term: FALL SPRING Year: _____

- Course:
- BC-1 BC-2 BC-3 BC-4
 - Pastoring W/A Purpose Purpose of Pastor's Wife
 - Twelve Steps With God
 - Understanding Abuse & Its Effects
 - Successful Church Evangelism Ministry
 - Marriage and Family Life Training

Instructor: _____

Reason for Withdrawal: _____

✍ Student's Signature: _____ (Required for Processing)

Note: \$40.00 deposit is non-refundable. Any refunds will be issued 4-6 weeks after this form is received.

Office Use Only!

Date Received: _____ Staff Person Processing: _____

Refund Issued: _____ Amount: _____ Date Sent: _____