

WITHDRAWAL FORM FOR ILLINOIS COURSES ONLINE

Division of Academic Outreach
Office of Continuing Education, University of Illinois at Urbana-Champaign
901 West University Avenue, Urbana, IL 61801-2777
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ILLINOIS

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

- **ICON Withdrawal Policy** available online at: www.continuinged.uiuc.edu/outreach/gis-withdrawals.cfm

Applicant MUST fill out this form completely. Please print all entries legibly in ink.

1. ICON Course from which you wish to withdraw:

Subject	Course Number
Example: BTW	250A

2. Full Legal Name _____
Last/Family Name First Name Middle Initial Maiden Name/Previous Last Name

3. Current Mailing Address _____
Number and Street City/Town
State/Province Zip/Postal Code Country

Current Phone Number _____

4. E-mail Address _____

Having carefully read the regulations which set forth the only conditions under which refunds can be granted and realizing that all authorizations for refunds are subject to audit, not only by the University Comptroller but by the State Auditor as well, to ensure that any such authorization be in conformity with this rule, by checking one (1) of the following options, I certify that:

- a. _____ **NO REFUND** is indicated under the rule.
- b. _____ Because of withdrawal **DURING THE INITIAL PERIOD**, which extends from the date of enrollment until 5 p.m. on the 10th working day following enrollment, I qualify for the tuition refund allowable under those circumstances. I have not submitted more than half of the assignments for this course.
- c. _____ Because of withdrawal **WITHIN FOUR (4) WEEKS** from date of enrollment, I qualify for the partial refund allowable under those circumstances. I have not submitted more than half of the assignments for this course.
- d. _____ Because of withdrawal within the period **FROM FOUR (4) WEEKS TO SEVEN (7) WEEKS FROM DATE OF ENROLLMENT**, I qualify for the partial refund allowable under those circumstances. I have not submitted more than half of the assignments for this course.

8. Please make additional comments: _____

Student's Signature _____
Signature Date

SUBMIT YOUR COMPLETED FORM IN ANY OF THE FOLLOWING WAYS:

FAX TO: 217-333-8524

E-MAIL: ICON-INFO@ILLINOIS.EDU

MAIL: Illinois Courses Online, Office of Continuing Education, 901 West University Avenue, Urbana, IL 61801-2777