

HCI

HEALTH CAREER INSTITUTE



WITHDRAWAL _____ TRANSFER _____ FAILURE _____
LEAVE OF ABSENCE _____ CANCELLATION _____ MILITARY _____

EMT Program: _____ Paramedic Program: _____
AS EMS Program: _____ AS FS Program: _____
AS Nursing Program: _____
Gen Ed Course: _____ Fire Science Course: _____

Name: _____ Date of Birth: _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Reason(s) Student Request _____ Absentee _____ GPA _____ Other _____

Date _____ Student Signature: _____

School Representative Name: _____ Date: _____

Signature: _____ LDA: _____

OFFICE USE ONLY

Class Start Date ___ / ___ / ___

Date Refund Issued: ___ / ___ / ___

Amount Paid \$ _____

Refund Amount \$ _____

Paid By _____

MC, Visa, Amex, Check# _____