HEALTH RESTORATION ACADEMY

4241 w. 95™ Street, Oak Lawn, IL 60453 (708)422-2281 - Fax: (708)422-2921 e-mail: [grahampamelal20@yahoo.com](mailto:grahampamelal20@yahoo.com)

**STUDENT WITHDRAWAL FORM**

I understand by completing this form I am withdrawing from Health Restoration Academy

, as of

|  |  |  |
| --- | --- | --- |
| Name of Course |  | Date |
| Student's Name Student's Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Student’s ID# last 4 digits of social security number |
| City Student's Phone # | State  CeII# | Zip |

Expected End Date

Student's Date of Enrollment

Tuition Cost

Tuition paid to date

Registration Fee

Book(s)Fee

Lab Fees

Total number of days in class and clinical

Amount due to student $

Amount due school

Please see your student catalog under Refund policy.

KGrahamRN - School CEO

Please complete the questionnaire:

\_No Year

Yes

Do you plan to re-enroll at Health Restoration Academy? \_

If yes when Term: Fall Spring Summer

Please indicate the major reason for your with drawl: check only one

Academic failure or not doing as well academicaHy as you wanted

Because school work is interfering with work schedule

Change in career objectives

Financial difficulties

Illness

Other (explain)