



THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION



RAPHAEL O. WHEATLEY SKILL CENTER Post-Secondary Career & Technical Education Institute

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APPENDIX B **STUDENT WITHDRAWAL FORM**

Name: (Print legibly) _____ Date: _____
Student ID: _____ Cell phone #: (including area code) _____
Email Address: _____
Home Address: (City, state & Zip Code) _____
Course withdrawing from: _____ Instructor: _____
Reason for withdrawal: _____

Have you already spoken about this with your Instructor? (Yes) (No)
Have you spoken about this with the Principal? (Yes) (No)
Are you planning on returning to school in the future? (Yes) (No) (Not Sure)
Have all outstanding balances been satisfied? (Yes) (No) (Not Sure)

NOTE: Registration fee is NON-REFUNDABLE.

- During the first week of classes, tuition is 100% refunded.
- During the second week of classes, tuition is 50% refunded.
- After the second week of classes, tuition will be non-refundable.
- Refunds are issued with original copies only of the student's registration receipt

Student's Signature: _____ Date: _____

For Office Use Only: Tuition paid Date: _____ Amount: _____
Tuition Refunded (Yes) Classes started: _____ Student Withdrew: _____
(No) Classes started: _____ Student Withdrew: _____

***Student's tuition was not paid in full. Student owes:**

Verified by: (Print legibly) _____ Title: _____
Signature: _____ Date: _____