

## WITHDRAWAL FORM

Office of the Registrar/Admissions PO Box 749 Barrow, AK 99723 907-852-1754 or 1757 fax: 907-852-1784 registration@ilisagvik.edu

STUDE	NT NAME:	First			Midd	ام			Last		
							ID #:				
EMAIL:	MAIL:			PH				PHC	ONE:		
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BILL TO (if other than you): ☐ Financial Aid ☐ Employer ☐ Grant ☐ Other Contact: Address or Phone:											
BY SUI	BMITTING	THIS FO	ORM, YO	J ACK	NOWLE	EDG	E:				
<ul><li>You</li><li>With Aid</li></ul>	are respons	sible for om a co t for mo	tuition and urse may re informa	d fees f affect y ation. fi	for witho our elig in.aid@il	drawı ibility lisag	n course y for fina vik.edu (	es. ancial or 907	aid. Cor 7-852-17(		
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