Non-Degree, Short-Term Training Healthcare Programs
Registration Drop/Refund Request Form

P.O. Drawer 7007 · Greenville, NC 27835

This certifies that I am presently registered for the "Occupational Extension" class listed below through Pitt Community College Non-Degree, Short-Term Training Healthcare Program. It also serves as my official withdrawal from the class, and I hereby request a refund of the registration fee paid. This form must be presented in person to Deneen Lawrence or Benny Narron in the Williams Building on the main PCC Campus.

Date of Request: _____ **Student's Colleague ID#:** _____

Student's Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Registration Fee Paid: _____

Class Title: _____

Begin Date: _____ **End Date:** _____

Reason for Drop/Refund Request: _____

_____

_____

_____

_____
Student Signature

_____
Date

_____
Program Director Signature

_____
Date

For Office Use Only

Contract #: _____

Budget Code: _____

$ _____ **x** _____ **% = $** _____

Reg. Fee *Refund Amount*