2024-2025



Withdrawal Confirmation

Covers Fall 2024,	, Spring 2025,	, Summer 2025

Student's Name (PRINT):			Phone: (()
HCC ID:	Date of Birth:/	/	Home Campus:	
(9-digit number required)				(Primary location of attendance)

This form is completed by students who withdrew or stopped attending all of his/her classes and was unable to complete the semester as a result for one of the specified reasons below.

Federal law requires schools to calculate how much federal financial aid a student has earned if that student:

- Ceases attending before completing the payment period or period of enrollment, or
- Completely withdraws

A student who receives financial aid but ceases attending or withdraws from all enrolled courses before completing 60% of the semester may be responsible for paying all, none, or a portion of the disbursed aid back to the institution or the Department of Education.

It is necessary for you to complete this form to determine **your responsibility for repaying all, none, or a portion** of the federal funds disbursed to you.

If you withdrew from or stopped attending courses please indicate the reason for your withdrawal below.

- □ Illness of the student or family member
- □ Need to become a caregiver or first responder
- Loss of childcare
- □ Economic hardship
- □ Inability to access Wi-Fi due to closed facilities
- Other_____

Summer 2025

Fall 2024

Spring 2025

Semester (s):

Certification

I attest to the fact that I withdrew from all of my courses due to the reason(s) outlined above.

Student Signature:

Date:_____

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