



# Southeast Regional Center for Financial Training

## COURSE DROP/WITHDRAWAL FORM

"An American Bankers Association Local Training Provider"

Fax to:  
(904)  
354-1834

STUDENT NAME: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

NOTE: Student SSN information and e-mails are required for identification and administrative purposes only.  
Student privacy will be safeguarded by CFT.

E-MAIL ADDRESS (Please provide; required for all online courses): \_\_\_\_\_

BANK NAME: \_\_\_\_\_ TITLE/DEPARTMENT: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APARTMENT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COURSE(S): \_\_\_\_\_ COURSE # or AIB CODE #: \_\_\_\_\_

In-Person  Assisted Self-Study  Instructor-Led Online  Self-Paced Online  Other   
(Correspondence) (eLearning)

DROP DATE: \_\_\_\_\_ COURSE FEE(S): \_\_\_\_\_

Reason for Drop / Withdrawal: \_\_\_\_\_  
(Appropriate fees will be added.)

I hereby agree to abide by my banks stated policy on educational benefits and should I not complete this course in the manner prescribed, I will reimburse my employer or CFT accordingly. I hereby authorize the release of my grades to CFT and my employer."

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BILL MY BANK  CHECK ENCLOSED

"As Manager or Supervisor of this student, I authorize payment for this enrollment from my financial institution to CFT, and I understand I may be responsible for processing the invoice generated by CFT for this student."

MANAGER'S SIGNATURE (Required): \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER'S NAME (Printed): \_\_\_\_\_ MANAGER'S MAIL CODE: \_\_\_\_\_

MANAGER'S TELEPHONE: \_\_\_\_\_ MANAGER'S FAX: \_\_\_\_\_

MANAGER'S E-MAIL: \_\_\_\_\_

ACCTS PAYABLE SIGNATURE (If needed) : \_\_\_\_\_ DATE: \_\_\_\_\_

ACCTS PAYABLE NAME (Printed): \_\_\_\_\_ ACCTS PAYABLE MAIL CODE: \_\_\_\_\_

ACCTS PAYABLE TELEPHONE: \_\_\_\_\_ ACCTS PAYABLE FAX: \_\_\_\_\_

MNGR / ACCTS PAYABLE COST CENTER: \_\_\_\_\_ \* Please complete signature lines according to requirements at your bank.

See the Policies and Procedures page for enrollment procedures, drop and extension policies and other fee details. These details and more are listed in this schedule on page 14. All drop, withdrawal, extension, and other standard policies apply to this enrollment. To drop or withdrawal from a course, please visit the website, call the CFT Office, or e-mail your request to obtain a drop form, then follow drop procedures. To obtain course descriptions or view diploma and certificate worksheets, please visit our website or call the CFT Office.

Southeast Regional CFT, 126 W Adams St, Suite 501, Jacksonville, FL 32202 - Phone: (904) 354-4830 Fax: (904) 354-1834

**www.cft-flsc.org E-Mail: lisaphillipsctf@bellsouth.net**