



Independent Learning Course Withdrawal Request Form

Independent Learning Withdrawal and Refund Policy:

Students have the ability to request a withdrawal anytime after their date of registration in an Independent Learning course up until their 12-month expiration date. In order to withdraw from a course, students must submit a completed Independent Learning Course Withdrawal Request Form to Student Services prior to their 12-month expiration date via email at il@uwex.edu or via mail at CEOEL - Independent Learning, 5602 Research Park Blvd., Suite 300, Madison, WI 53719.

The refund schedule is as follows:

- Withdrawal requests submitted within 14 days of registration date: 100% of tuition
- Written Withdrawal requests submitted within 15–45 days of registration date: 60% of tuition
- Withdrawal requests submitted after 45 days of registration date: no refund

Note: Refunds are for tuition only and will not include any administrative fees.

Section I Student Information:

Student Name: _____
(Last, First, Middle)

Registration ID: _____

Email: _____

Phone: _____

Address: _____

Section II Course Information:

Course Name(s) and Number(s): _____

Reason for Withdrawal (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Academic Suspension | <input type="checkbox"/> Balance/Scheduling |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Instructor |
| <input type="checkbox"/> Military | <input type="checkbox"/> Personal- Dissatisfied |
| <input type="checkbox"/> Personal- Family | <input type="checkbox"/> Personal- Health |
| <input type="checkbox"/> Personal- Moving | <input type="checkbox"/> Personal- Time Management |
| <input type="checkbox"/> Personal- Work | <input type="checkbox"/> Selection Error (Chose wrong course) |
| <input type="checkbox"/> Technical Issues | <input type="checkbox"/> Too Difficult |
| <input type="checkbox"/> Other _____ | |

Section III Student Statement and Signature:

I acknowledge that the above information is accurate and I understand that no transcript will be issued for this course. I have reviewed the Independent Learning Withdrawal and Refund Policy and understand how my request will be processed according to the refund schedule detailed above.

Signature _____ Date _____

Withdrawals will be processed according to the date you submit this form. Once your request has been processed, you will receive a confirmation letter. If you have further questions, please contact Student Services at 1-877-895-3276 or il@uwex.edu.