



Intent to Return

Complete form and return to Karen Hudson, Registrar, by email (Karen.hudson@williamsoncc.edu) or by fax (615-771-7810).

Name: _____ ID#: _____

I have withdrawn from the following course _____

as of ___/___/____ .

___ I intend to return beginning with the course that begins ___/___/____ .

___ I do not intend to return during this semester.

I understand that the date of my intended return must be within 45 days of my date of withdrawal in order for my federal aid to remain in effect for the term.

However, my aid may be reduced because of my reduction of hours.

If I do not return on the date I have indicated, I will be considered to have withdrawn from the entire semester. This could drastically reduce or eliminate the amount of federal aid I have been awarded.

If I need to change my date of return, I must do so before the original date of return.

Signed: _____

Date: ___/___/____