



Maalot Institutes of Torah
6530 N. 7th St. Phoenix, Arizona 85014
(480) 454-7228 maalotcollege.org

Request for Withdrawal from a Course

Name of Student _____

Date wish to withdraw _____

Name & No. of course _____ Sem. _____

Instructor _____

Reason for withdrawal _____

Signature of Student making the request _____

Please read the policies in the Catalog carefully for further details and refund policy.
Withdrawal may incur a grade of F depending on when the withdrawal was requested.

Please return this form to: Maalotinfo@maalotinstitutesoftorah.com

For office use only

Date form received in Registrar's office _____

Instructor Notified _____

Signature of Dean or Director _____

For the Financial Office:

Refund due? Yes _____ No _____

Amount of refund _____

Refunded to _____

Bank _____ Tuition credit _____ Other _____

Date _____