

Name of Current Student	Program	Start Date	Proof of Secondary Education Yes/No	Proof Age	ATB Test Passed Yes/No	Pre-enrollment Information Provided prior to Signing Contract Yes/No	Date Contract Signed	Contract Full Executed Yes/No	LOA If Yes, Dates	Transfer Student Yes/No – Hours Transferred	SAP Evaluations Complete Yes/No	Probation Notices According To Policy – Yes/No
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Accreditation Specialist:  
School Ref #

Academic:

School Admin:

Practitioner:

Course: C= Cosmetology, B= Barber, I= Instructor, E= Esthetics, M= Manicuring (Use reverse side for additional notes/comments - reference student by name/number)

<b>Withdrawn Student Name</b>	<b>Program</b>	<b>Start Date</b>	<b>Pre-enrollment Information Provided Yes/No</b>	<b>Last Day of Attendance</b>	<b>Official Withdrawal Date</b>	<b>Actual Hours Clocked</b>	<b>Scheduled Hours</b>	<b>Institutional Refund Calculation Yes/No</b>	<b>Calculation Correct Yes/No</b>	<b>Refund Due Yes/No</b>	<b>Date of Refund</b>	<b>Refund Paid Timely Yes/No</b>
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Name of Graduate	Program	Start Date	Proof of Secondary Education Yes/No	Proof Age if ATB Student	ATB Test Passed Yes/No	Pre-enrollment Information Provided prior to Signing Contract Yes/No	Date Contract Signed	Contract Full Executed Yes/No	Applicable Report Cards for Course Length Yes/No	SAP Evaluations Complete Yes/No	Graduation Requirements Met Yes/No	Completed within Maximum Time Frame – Yes/No
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