



## **WITHDRAWAL FORM**

Name of student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Program/Course Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Last day of class activity: \_\_\_\_\_

Desired date of withdrawal: \_\_\_\_\_

Reason(s) for withdrawal:

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Please return the completed form to [admission@victoriouslbi.org](mailto:admission@victoriouslbi.org) or mail to 702 Ossie Davis Parkway, Waycross, Georgia 31501.

Thank you for choosing Victorious Living Bible Institute. We wish you all the best in the future.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Mission Statement:

Educating and training Christian men and women to impact the world for Jesus Christ.