

## Northwest Lineman College - updated by JMAP 3.1.23 Lineman Apprenticeship Program **Student Withdrawal Form**







Instructions: Complete this form and return immediately to your company's apprentice program coordinator.

Employer:	c:OJL & Last Class Session Completed:			
Name:		Today's Date:		
Employer's Address:_				
City:	State:	Zip Code:	:	
Phone:	Cell:	Email:		
Reason for Withdraw	ral (1), Cancellation Wage (2), Cance	ellation Date (3), Additional Comme	nts (4):	
1				
2.				
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o				
4				
•				
Student Signature option	al if student is unreachable		Date	
Ð				
Supervisor/Employer Sigr	nature		Date	
balances or refunds will be ho	Coordinator:  nave entered below acknowledge this employee's office andled in accordance with the most current edition o his document is received by NLC.			
<b>•</b>				
Employer's Apprenticeshi	ip Program Coordinator (Print Name)	(Signature)	Today's Date	
NLC official use o	only:			
Received by:				
Date received (Officia	l Withdrawal Date):			
Outstanding balance		Program Catalog for the following:		
Refund due?  \(\bar{\textsq}\) Yes	nvoiced:			
	efunded:			