

Delaware Learning Institute of Cosmetology  
32448 Royal Blvd. Suite A <sup>1</sup>  
Dagsboro, Delaware 19939  
302-732-6704 Fax 302-732-9330

**Request for Withdraw**

**Personal Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Program of Study** (please circle)

Cosmetology      Esthetics      Massage Therapy      Nail Technology  
Teacher Training (600 Hours)      Teacher Training (250 Hours)

**Current Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:(    ) \_\_\_\_\_ - \_\_\_\_\_ Alt Contact Number:(    ) \_\_\_\_\_ - \_\_\_\_\_

Current Email Address \_\_\_\_\_

**Reason for Withdraw:**

(Please describe in detail why you are requesting to withdraw from Delaware Learning Institute of Cosmetology)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

School Official Signature: \_\_\_\_\_ Date \_\_\_\_\_

NSLDS (If applicable) Notification date \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup>Official withdrawal 09/2017