100 NE Missouri Rd. Ste 202
Lees' Summit, MO 64086
816-451-3255
premierhealthcareacademy@gmail.com

Withdraw Form

Directions: Please fill out the portion below that pertains to the type of withdrawal that you are submitting.

I _____ am formally entering a request to withdraw from PREMIER HEALTH CARE ACADEMY & SCHOOL OF NURSING L.L.C. Nurse Aide Training Program on _____. I understand that any refund I am entitled to will be dictated by the handbook I signed during my registration for this course. I understand that I may be asked to return all equipment that was given to me at the beginning of the course such as, but not limited to: book, uniforms, blood pressure cuff, stethoscope etc.

Student Name: _____

Student Signature:_____ Date: _____

Office use only

Withdraw form received by: _____ Date:_____