



Washington Hearing Society Hearing Aid Specialist Training (WHS-HAST) Program

Program Withdrawal Form

Please complete this form and return to the WHS-HAST Program Coordinator via email:

sandyh@washingtohearing.org

If you are requesting a Hardship Withdrawal, please include a letter detailing the nature of the hardship.

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please accept my signature below as notification that I am willfully withdrawing from the Washington Hearing Society Hearing Aid Specialist Training (WHS-HAST) Program effective _____. The decision to withdraw from the program is my own decision and I understand that I may be entitled to a full or partial refund of the tuition/fees paid only if I withdraw from the program within the time period allowed by the refund policy.

I am applying for a Hardship Withdrawal. **If you are requesting a Hardship Withdrawal, please include a letter detailing the nature of the hardship.**

My last day of enrollment in the WHS-HAST Program will be recorded as the date this document is emailed to the Program Coordinator.

X _____

Student's Name

X _____ Supervisor's
Signature

X _____ Student's Signature

X _____ Supervisor's Signature

WHS-Program Information: Do Not Write Below

Date Received: _____

Program Coordinator Signature: _____

Date of Withdrawal: _____

Date Supervisor Notified: _____