



DESTINY CHANGERS INTERNATIONAL BIBLE INSTITUTE

“Equip to edify in the spirit of excellence”

STUDENT DROP OUT FORM

Please fill out the following information for any student requesting to drop out of the DCIBIN program.

Student Name: _____ Student ID: _____

Major Program of Study: _____ Area of Specialization: _____

First day of class attended: _____ Last day of class attended: _____

Number of classes taken: _____ Number of Credits earned: _____

Tuition amount paid: \$ _____ Tuition Balance: \$ _____

Scholarship Amount Remaining (where applicable): \$ _____ Type of Scholarship: _____

Reasons for dropping out:

Do you wish to defer to a later time? Yes or No Please provide an estimated deferment time frame: _____

Signature: _____

Date: _____

