



Logos Educators Network
A Division of
Logos Christian College
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Withdrawal Form

I, _____ withdrawing from _____
(Student's Name) (school name)

for the _____ School year. I have been asked and/or am
(school year)

choosing to withdraw for personal reasons. By signing my name below, along with the signature of my Campus Director, I hereby acknowledge that all fees are paid in full stated within the deadline of the Logos Christian College Catalog, and accept final grades that will be issued on my grade report and transcript.

Campus Director

Date

Student's Name

Date