



The International School of Hospitality (TISOH)
 3614 E Sunset Road, Suite 110, Las Vegas, NV 89120
 Tel: 1-877-GO-TISOH (468-4764) or (702) 947-7200
 Fax: 702-947-7205
 Email: info@tisoh.com Website: www.tisoh.com

Withdraw Form

Student Name: _____

Last 4 Digits of Social Security # _____

Current Address: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Which course(s) would you like to withdraw from?

- | | | | |
|---|--|------------|------------|
| <input type="checkbox"/> Online Session | <input type="checkbox"/> Classroom Session | Year _____ | Term _____ |
| <input type="checkbox"/> Art of Concierge | <input type="checkbox"/> Art of Food & Beverage | | |
| <input type="checkbox"/> Conference Management and Event Planning | <input type="checkbox"/> Event Design & Production | | |
| <input type="checkbox"/> Hospitality Human Resources | <input type="checkbox"/> Hospitality Leadership & Supervision | | |
| <input type="checkbox"/> Hotel Operations | <input type="checkbox"/> Meeting & Event Catering | | |
| <input type="checkbox"/> Wedding Coordination & Design | | | |
| <input type="checkbox"/> Diploma in Hotel Operations | <input type="checkbox"/> Executive Diploma in Hospitality Operations | | |

I understand that by signing this form, I am withdrawing from the course(s) for the session specified and I am receiving a grade of "W" in my course(s).

If I decide to resume my studies, I must reapply for admission through Enrollment Services.

Furthermore, I understand that I am responsible to pay any unpaid obligations to The International School of Hospitality per the enrollment agreement.

 Student Signature

 Date

This form may be mailed or faxed to:

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For TISOH Official and Faculty Use Only

 Received by

 Date

Official Withdrawal Date: _____