



**OCCEMT**  
EMERGENCY MEDICAL TRAINING

ORANGE COUNTY EMT  
26429 RANCHO PKWY SOUTH, SUITE 150  
LAKE FOREST, CA 92630

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## Course Withdrawal Procedure

**Any student enrolled in the course who voluntarily decides to withdrawal must complete and sign the document below:**

I, \_\_\_\_\_ am requesting to withdrawal from OCEMT Class \_\_\_\_\_ which I am currently enrolled. Any refunds related to the course will be issued according to the refund policy found in the Course Catalog within 45 days of the date below. By signing below I acknowledge that I will not be receiving a course completion certificate and must re-enroll in the course if I choose to take it again.

**Reason For Withdrawal:**

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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administration**

\_\_\_\_\_  
**Date**