

# Distance Education Veterinary Technology Program

## Withdrawal Notice

Name \_\_\_\_\_

Date \_\_\_\_\_

Class \_\_\_\_\_

Please consider this document as notification of my official withdrawal from the above listed course.

It is my understanding that should I wish to enroll again in this DEVTP course, I will be allowed to do so.

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

\_\_\_\_\_  
Preceptor Signature

***Please fax one copy of this form to the American Animal Hospital Association at 1-303-986-1700 and one copy to the DEVTP program at 1-972-860-8057. Copies must be received at both locations for the Withdrawal to be official. Students or preceptors should verify the receipt of the fax by phone or email with each recipient to insure the successful reception of the form.***

Cedar Valley College  
3030 North Dallas Avenue  
Lancaster, TX 75134  
(877) 353-3482

Fax: (972) 860-8270  
(972) 860-8057