Complete Withdrawal from College - Through 50th Instructional Day

Name: ___________________________ Student ID ___________________________
Address: ________________________ Phone # ____________________________
_________________________________________ Email ________________________

Refund Schedule: 
1st – 5th day of class instruction = 90% Refund
6th – 10th day of class instruction = 75% Refund
11th – 15th day of class instruction = 50% Refund
16th + days of class instruction = 0% Refund

Semester: Fall 20___ Spring 20___ Summer 20___

Main Reason for Withdrawal: ☐ Academic ☐ Employment ☐ Financial ☐ Personal Circumstances

By initialing each statement below I am indicating that I fully understand the withdraw process and the effects that withdrawing will have regarding to my academic record:

_____ If I withdraw between the 1st and 15th instructional day of a semester, a withdrawal date will be noted, but classes will not appear on a transcript. Any refund of fees (if applicable) will be based upon the published refund schedule. (Student athletes are warned that as little as one day of attendance counts as a semester for NAIA eligibility purposes)

_____ Withdrawal from the 16th through the 50th instructional day of a semester (or an equivalent number of instructional days during summer semester) will result in a grade of “W” on your transcript for each class this term.

_____ I am responsible for any unmet financial obligations to the college.

_____ If I receive financial support from a third party, I will notify them of my change of status.

_____ I understand that my withdrawal may affect my financial aid eligibility in the future.

When all signatures have been obtained, sign the form, and bring it to the Enrollment Services Office, MG 207 (North Campus). Your withdrawal will not be processed until the Enrollment Services Office receives the completed request.

Financial Aid Officer:
Michael Richardson
MG 207
mrichardson@mtech.edu
406.496.4213

Assoc. Vice Chancellor of Student Services
Carrie Vath
ENG Hall 101A
pbeatty@mtech.edu
406.496.4198

Business Office:
MG 205
businessservices@mtech.edu
406.496.4250

Student:

Student Signature ___________________________ Date ____________

Office use only:
Date Received: _______ Rec’d by ___________ Date Processed: _________ Processed by: ___________

Email Instructors (after 16th day): _______________ CRNS: ________________________________

Refund Percentage: 100__90__75__50__0__

Additional Information:

Revised: 02/25/2014 cg