

Request for Complete Withdrawal from College

(This form to be used by students wishing to withdraw from all classes through the 45th instructional day*)

Name: _____ Student ID # _____

Address: _____ Phone # _____

Semester: Summer ___ Fall ___ Spring ___ Year: _____

Instructions: Present this form to each office for a signature. Obtain a signature from each instructor. When all signatures have been obtained, sign the form and bring it to the Enrollment Services Office, MG 207 (North Campus) or COT 55E (South Campus). Your withdrawal will not be processed until the Enrollment Services Office receives the completed request.

CRN	Course/Section	Instructor's Signature	Last Date of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Advisor: _____
(Advisor's Office) Signature _____ Date _____

Counseling Office: _____
(Eng. Hall or COT 55E) Signature _____ Date _____

Library: _____
 Signature _____ Date _____

Business Office: _____
(MG 205) Signature _____ Date _____

Business Office Balance Due: _____

I hereby request to withdraw from all of my Montana Tech classes, understanding the following:

- 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 45th instructional day of a 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.

*Or an equivalent number of instructional days during summer or intersession

Student: _____
 Student Signature _____ Date _____

Office use only:
 Date Received: _____ Enrollment Services Initials: _____ Date Forwarded: _____ Initials: _____
 % 100 _____ 90 _____ 75 _____ 50 _____ 0 _____