Montana Tech
THE UNIVERSITY OF MONTANA

Office of Enrollment Services

Request for Complete or Partial Withdrawal for Extraordinary Reasons
(After the 45th Instructional Day of a Semester)

Name: _____ Student ID#_____

Address: _____ E-mail Address _____

_____ Phone # _____

Semester: Summer_____ Fall ____ Spring _____ Year: _____

Instructions: ***Please attach a separate sheet detailing/documenting your reason(s) for requesting a complete or partial withdrawal for extraordinary reasons*** **(attach doctor's excuse, job transfer paperwork, etc.).** Signatures must be obtained from the instructor of each class from which you wish to withdraw. The instructor will record his/her recommended grade. Additionally, you must obtain a signature from each office listed below**. Return the completed sheet to: Enrollment Services Office MG 207 (North Campus).** Your withdrawal will not be processed until the Enrollment Services Office receives the completed request.

COURSE INFORMATION

CRN	Class	Circle Grade W or F	Instructor's Signature	Date
_____	_____	W or F	_____	_____
_____	_____	W or F	_____	_____
_____	_____	W or F	_____	_____
_____	_____	W or F	_____	_____
_____	_____	W or F	_____	_____
_____	_____	W or F	_____	_____
_____	_____	W or F	_____	_____

Academic Advisor: _____ _____
Signature Date

Department Head: _____ _____
(of your major) Signature Date

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

Enrollment Processing: _____ _____
Office (MG 111/114) Signature Date

Business Office: _____ _____
(MG 205) Signature Date

Business Office Balance Due: _____

I hereby request to withdraw from the class noted above, understanding the following:

- *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, and the any grades of "W" count toward the 170 credit limit (Montana Residents only)*

Student: _____ _____
Signature Date

Office use only:
Date Received: _____ Initials: _____ Date Processed: _____ Initials:_____
Date Forwarded: _____ Initials: _____