



enrollment@mtech.edu

COMPLETE OR PARTIAL WITHDRAWAL FOR EXTRAORDINARY REASONS

****After the 50th Instructional Day****

Name: _____ Student ID#: _____

Phone #: _____ Email: _____

Address: _____

SEMESTER: SUMMER 20 ____ FALL 20 ____ SPRING 20 ____

INSTRUCTIONS:

Please attach a separate sheet detailing/documenting your reason(s) for requesting a complete or partial withdrawal for extraordinary reasons – doctor’s excuse, job transfer paperwork, etc. When all signatures have been obtained, sign the form and bring it to the Enrollment Services Office. Your withdrawal will not be processed until the Enrollment Services Office receives the completed request.

<u>CRN</u>	<u>Course Subject and Number</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Executive Director of Student Success: (Academic Center for Excellence 3.138)

Approved Denied _____ Date: _____

Financial Aid Officer: (SSC 3.126) _____ Date: _____

Business Office* (SSC 3.126) _____ Date: _____

* Not required to withdraw from a single course. **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 that and grades of “W” count toward to credit limit.*

Student: _____ **Date:** _____

Office Use Only: Processed: _____ Initials: _____ Instructor Notified: _____
