

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.

Assoc. Vice Chancellor of Student Services

Carrie Vath
ENG Hall 101A
cvath@mtech.edu
406.496.4198

Signature

Date

Financial Aid Officer:

Shauna Savage
MG 207
ssavage@mtech.edu
406.496.4466

Signature

Date

Business Office:

MG 205
businessservices@mtech.edu
406.496.4250

Signature

Date

Balance Due on Account: \$ _____

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: