

**COMPLETE WITHDRAWAL DURING THE SEMESTER
FOR REGISTERED STUDENTS**Name _____ Student ID# _____
Last FirstAddress (Current mailing) _____
Street Apt. #
City State Zip

MC Email _____ Phone # _____

Year: _____ Semester: ☐ FA ☐ JA ☐ SP ☐ SU Housing Status: ☐ MC housing ☐ Non-MC housing ☐ Online**Student Acknowledgement Statement:**

I understand that my financial aid for this or future semesters may be affected by my withdrawal from these courses. I understand also that a medical withdrawal does not in any way constitute or imply a cancellation of tuition or other fees for which I am currently liable. I am aware that all fees are non-refundable after the first day of the semester, and that tuition will be cancelled according to the published MC tuition cancellation policy. I understand that if I am a recipient of any financial aid, I must meet with the student Financial Service Office to complete exit counseling.

Student Signature _____ Date _____

FOR OFFICE USE ONLY:

1. This withdrawal is: ☐ Student initiated ☐ in person ☐ Email/fax/letter ☐ Administrative
2. Withdrawal action: ☐ Medical ☐ Personal Have supporting documents been received? ☐ Yes ☐ No
3. Is the student seeking a medical withdrawal? ☐ Yes ☐ No Returning next semester? ☐ Yes ☐ No
4.

Is the student an Athlete? <input type="checkbox"/> Yes <input type="checkbox"/> No	An Intl (F1 Visa) student? <input type="checkbox"/> Yes <input type="checkbox"/> No	A Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has exit survey been completed? ☐ Yes ☐ No Last date of attendance _____Should next semester's schedule be dropped? ☐ Yes ☐ NoShould student be placed on maintenance of matriculation? ☐ Yes ☐ No

Total credits _____ Major _____ Start term _____

Signature _____ Date Signed _____
Dean's Office Approval**(Required) Withdrawal Notification Date:** _____**FOR USE BY OFFICE OF THE REGISTRAR**☐ Banner (SFAREGS,SFAWDRL)☐ NSLDS TAP: _____☐ CH ☐ Email

SSN: _____ DOB: _____

Processed by: _____ Date: _____
Initials