

(Please use standard blue or black pen.)

| STUDENT'                   | S NAME:  |                              |                                       | Term:                         |
|----------------------------|--|------------------------------|---------------------------------------|-------------------------------|
|                            | (Last)   | (First)                      | (Middle)                              |                               |
| I.D.# (Social Security #): |  | Num                          | Number of Credits Currently Carrying: |                               |
| STUDENT'                   | S SIGNATURE:   |                              |                                       |                               |
| REASON(S                   | ) FOR WITHDRAWAL (select as m.   | any that apply):             |                                       |                               |
|                            | ☐Medical   | ☐Work Conflict               | Classes too hard                      | Cost                          |
|                            | Personal/Family Reasons  | Homesick                     | Financial Aid                         | Moving out of area            |
|                            | Closed class sections  | Transferring to an           | other school                          | Dissatisfaction with service  |
|                            | Joined/Activated Military  | Other:                       |                                       |                               |
| DO YOU PI                  | LAN ON RETURNING TO NORT   | HERN? Yes                    | No If so, when?                       |                               |
| necessary to               | ne withdrawal process, students nee<br>o insure compliance with government<br>signatures needed for the form depo                            | ntal or institutional policy | y, possible refund of mone            |                               |
| 1.)                        | 1.) IF the student is receiving any form of financial aid from Montana State University-Northern, the financial office must sign this form.  |                              |                                       |                               |
|                            | Financial Aid  |                              |                                       | Date                          |
| 2.)                        | IF the student is carrying nine (9) or more credits at Montana State University-Northern, the student's academic advisor must sign this form |                              |                                       |                               |
|                            | Advisor  |                              |                                       | Date                          |
| AFTER TH                   | IE APPROPRIATE SIGNATUR  | ES ARE OBTAINED, the         | his form should be returne            | ed to the Registrar's Office. |
| the date thi               | nition and fees shall be made accord s form is returned to the Registra questions regarding refunds should                                   | ar's Office. In some cas     | es, the student is require            |                               |
|                            | Registrar's Office   |                              |                                       | Date Returned                 |
| If a student i             | is eligible for a refund of tuition and  | d fees, that refund should   | be sent to:                           |                               |
|                            | Address:   |                              |                                       |                               |
|                            | City:  | State:                       |                                       | Zin Code                      |