

COMPLETE WITHDRAWAL DURING THE SEMESTER FOR REGISTERED STUDENTS

Name _____ Student ID# _____
Last First

Address (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? Yes No An Intl (F1 Visa) student? Yes No A Veteran? Yes No

Has exit survey been completed? Yes No Last date of attendance _____

Should next semester's schedule be dropped? Yes No

Should 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

<input type="checkbox"/> Banner (SFAREGS,SFAWDRL) <input type="checkbox"/> NSLDS TAP: _____ <input type="checkbox"/> CH <input type="checkbox"/> Email	SSN: _____ DOB: _____ Processed by: _____ Date: _____ <p style="text-align: center;">Initials</p>
--	---