

Student Information

Student ID Number: 7700 Student Name: _____
 Last First M.I.
 Mailing Address: _____
 Apt No.
 City: _____ State: _____ Zip: _____ Phone No: _____
 Do you receive Veterans Benefits? Yes No Are you a TRIO participant? Yes No
 Semester Cancelled: Fall Spring Summer Year: _____

Cancellation Information

Reasons for Cancellation
 Please select all that apply: Academic Health Financial Work Family
 Do you plan on returning to Helena College: Yes No When do you plan on returning? _____
 Are you currently on an **Academic Plan**? Yes No

I request to cancel from the specified semester, understanding the following: (Please Initial)

- _____ I am responsible for any unmet financial obligations to Helena College.
- _____ I am responsible for the \$30 registration fee.
- _____ I will need to meet with an advisor in order to return to Helena College. If I sit out more than one semester I will also need to complete a readmit application.
- _____ I will need to meet with a financial aid counselor before my cancellation is processed if I have financial aid.

Advising Center Signature: _____ Date: _____

Financial Aid Recipients

_____ I will not be attending Helena College next semester, please cancel my aid.

Financial Aid Signature: _____ Date: _____

Student Signature

I have read and understood the above information and request to be cancelled from classes for the semester listed above.

Student Signature: _____ Date: _____
By signing my name above, I confirm I am the individual. (MM/DD/YY)

OFFICE USE ONLY

Please route to the Business Office first.

Routing Info:	Business Office	<input type="text"/>	<input type="text"/>	Registrar's Office	<input type="text"/>	<input type="text"/>
		Initial	Date		Initial	Date