

**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.

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