HELENA COLLEGE
UNIVERSITY OF MONTANA

Official Cancellation Form

Student Information

Student ID Number: 7 7 0 0 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 Registrar's Office first.

Routing Info:

Business Office | Initial | Date

Registrar's Office | Initial | Date

Updated 08/14/2026