

**Student Information**

Student ID Number: \_\_\_\_\_ Student Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Current Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

**Withdrawal Interview**

**Please select one:**

Academic

Medical

Financial

Work

Family

What are the circumstance leading to your need to withdraw?

\_\_\_\_\_  
\_\_\_\_\_

What could we do to help you stay?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ I will receive a grade of "W" for all classes this semester if I withdraw after the 15<sup>th</sup> day of classes.

\_\_\_\_\_ I will need to meet with a financial aid counselor before my withdrawal is processed.

\_\_\_\_\_ If I receive Veterans Education Benefits I may have to repay money to the Veterans Administration and/or college.

**Financial Aid**

\_\_\_\_\_ I am responsible for any unmet financial obligations to Helena College.

\_\_\_\_\_ I understand that I may have to repay money, and some of my funds may be returned by the college to the Federal government. I certify that I have read and understand the refund and repayment policy as found in the current catalog.

\_\_\_\_\_ This withdrawal may affect my future ability to receive financial aid.

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Signatures**

I have read and understand the above information and request to be withdrawn from classes for the semester listed above. I am not officially withdrawn from Helena College until this form is signed by all necessary entities. For Financial Aid Purposes, the date of my withdrawal is based on my last day of attendance.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Routing Info:**

Registrar's Office \_\_\_\_\_

Business Office \_\_\_\_\_