

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 check all that apply:

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 15th 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I have read and understand the above information and request to be withdrawn from classes for the semester listed above. I am not officially withdrawn from Helena College until this form is signed by all necessary entities.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 _____
(MM/DD/YY)

Advisor Signature: _____ Date _____

Routing Info:

Registrar's Office _____ Business Office _____