HELENA COLLEGE
University of Montana

Official Cancellation Form

Student Information

Student ID Number: _____ 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 one: 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 withdraw 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I have read and understood the above information and request to be withdrawn from classes for the semester listed above.

Student Signature: _____ Date: _____

Routing Info: Please route to the Business Office first.

Business Office ☐ Initial ☐ Date Registrar's Office ☐ Initial ☐ Date Starfish ☐ Initial

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