



# Request for Withdrawal from the University

## Montana State University-Northern

(Students should fill out this form if they are dropping ALL of their classes.)

STUDENT'S NAME: \_\_\_\_\_ Term: \_\_\_\_\_  
(Last) (First) (Middle)

I.D.# (Social Security #): \_\_\_\_\_ Number of Credits Currently Carrying: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

As part of the withdrawal process, students will need to collect signatures from certain individuals on campus. The signatures are necessary to insure compliance with governmental or institutional policy, or the possible refund of money. The signatures needed for the form depend on each student's situation. For instance:

- 1.) IF the student is receiving any form of financial aid from Montana State University-Northern, the financial aid office must sign this form.

\_\_\_\_\_  
Financial Aid Date

- 2.) IF the student is living in the residence halls or family housing at Montana State University-Northern, the Director of Student Life or his/her designee, must sign this form.

\_\_\_\_\_  
Student Life Date

- 3.) IF the student is carrying more than nine (9) credits at Montana State University-Northern, the student's academic advisor must sign this form

\_\_\_\_\_  
Advisor Date

- 4.) IF the student is carrying more than nine (9) credits at Montana State University-Northern, the Associate Chancellor for Student Affairs or his/her designee, must conduct an exit interview.

\_\_\_\_\_  
Associate Chancellor Date

**AFTER THE APPROPRIATE SIGNATURES ARE OBTAINED**, this form should be returned to the Registrar's Office.

Refund of tuition and fees shall be made according to Montana Board of Regents policy. Please refer to the handout given to you at the time you picked up this form to find out if you are eligible for a refund. Refunds are calculated based upon the date this form is returned to the Registrar's Office.

\_\_\_\_\_  
Registrar's Office Date Returned

If a student is eligible for a refund of tuition and fees, that refund should be sent to:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_