Official Withdrawal Form

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 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:________________________
I have read and understand the above information and request to be withdrawn from classes for the semester listed above. I am not officially withdrawn from Helena College until this form is signed by all necessary entities.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 __________________________