

## COMPLETE WITHDRAWAL FROM COLLEGE – THROUGH 50<sup>TH</sup> INSTRUCTIONAL DAY

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Refund Schedule:

**1<sup>st</sup> – 5<sup>th</sup> day of class instruction = 90% refund**      **6<sup>th</sup> – 10<sup>th</sup> day of class instruction = 75% refund**  
**11<sup>th</sup> – 15<sup>th</sup> day of class instruction = 50% refund**      **16+ days of class instruction = 0% refund**  
Semester:                      Fall 20\_\_\_\_                      Spring 20\_\_\_\_                      Summer 20\_\_\_\_

Withdrawal Reason:  - Academic    - Employment    - Financial    - Personal    - COVID-19\*

\*If COVID-19 related, student must provide the institution with a written attestation explaining why the withdrawal was the result of the COVID-19 emergency.

**By initialing each statement below, you are indicating that you fully understand the withdraw process and the effects that withdrawing will have regarding your academic record:**

\_\_\_\_\_ If I withdraw between the 1<sup>st</sup> and 15<sup>th</sup> instructional day of a semester, a withdrawal date will be noted, but classes will not appear on a transcript. Any refund of fees (if applicable) will be based upon the published refund schedule. **(Student athletes are warned that as little as one day of attendance counts as a semester for NAIA eligibility purposes.)**

\_\_\_\_\_ Withdrawal from the 16<sup>th</sup> through the 50<sup>th</sup> instructional day of a semester (or an equivalent number of instructional days during summer semester) will result in a grade of "W" on your transcript for each class this term.

\_\_\_\_\_ I am responsible for any unmet financial obligations to the college.

\_\_\_\_\_ If I receive financial support from a third party, I will notify them of my change of status.

\_\_\_\_\_ I understand that my withdrawal may affect my financial aid eligibility in the future.

When all signatures have been obtained, sign the form, and bring it to the Enrollment Services Office. **Your withdrawal will not be processed until Enrollment Services receives the completed request.**

**Executive Director of Student Success:** Academic Center for Excellence 3.138 406.496.4166

\_\_\_\_\_  
**Financial Aid:** SSC 3.126 financialAid@mtech.edu 406.496.4223      Date: \_\_\_\_\_

\_\_\_\_\_  
**Business Office:** SSC 3.126 businessServices@mtech.edu 406.496.4250      Date: \_\_\_\_\_

\_\_\_\_\_ **Acct. Balance \$:** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_ Email instructors: \_\_\_\_\_ Refund %: \_\_\_\_\_