Office of the Registrar 201 Lommasson Center Missoula, MT 59812

NOTE: For retroactive withdrawals from any semester, the Withdrawal Committee has final approval or denial of the request. This is a one time only petition unless extreme, and documented, circumstances can be expressed.

| NAME: __________________________________________ | ID: __________________ |
| Major(s): ___________________ | Minor(s): ___________________ |
| Address: ____________________________ | Phone Number: ____________________ |
| City: ____________________________ | State: __________ | Zip: ________ |

2. Semester(s) from which you wish to withdraw: ________________________________

3. **Reason for withdrawal should be typed on a separate sheet. Please attach any relevant/supporting documentation.**

4. Student’s Signature __________________________________________ DATE________

   **4A. International student? If yes, Foreign Student Services Signature required:**

   __________________________________________ DATE________

   **4B. Receiving Veteran benefits? If yes, VETS Office Signature required:**

   __________________________________________ DATE________

5. Advisor Signature________________________________________ DATE________

   Approval Recommended_______ Approval NOT Recommended_______

   Remarks:

6. Department Chair* Signature________________________________________ DATE________

   Approval Recommended_______ Approval NOT Recommended_______

   Remarks:

7. Dean* Signature________________________________________ DATE________

   Approval Recommended_______ Approval NOT Recommended_______

   Remarks:

8. Withdrawal Committee DATE________

   Approved _______ Denied_______

   Remarks:

*Undergraduate Non-Degree and Undeclared students need signature of the Director of The Office for Student Success