

SEMESTER WITHDRAWAL FORM

Submit this form to the Registrar's Office

Withdrawal may not be your only or best option.
Please see a Withdrawal Coordinator.



Circle Semester & Indicate Year: Autumn Spring Summer 20__

790-____ - ____ Name (print) _____
Student ID# Last First Middle

Forwarding Address: _____
Street Address City State Zip Code Phone#

Reason for Withdrawal: ____ Academic ____ Health ____ Financial ____ Work ____ Military ____ Family ____ Personal

MONTANA UNIVERSITY SYSTEM POLICY AND SCHEDULE: <http://mus.edu/borpol/bor900/9407.htm>

DEFERRED PAYMENT PLAN:

Are you on the Deferred Payment Plan: ____ Yes ____ No

You are responsible for any remaining payments on your deferred payment plan. Any refund of fees will be applied to your deferred payment plan. Any refund of fees will take 4 to 5 weeks to process. For additional information contact Business Services at (406) 243-2223 or UM.Statements@mso.umt.edu.

FINANCIAL AID:

Did you receive Federal Financial Aid for this semester? ____ Yes ____ No

Using a pro-rated formula, refunds are returned to the financial aid programs before students receive any cash. In addition, you may owe repayment out of your pocket for unearned financial aid.

- I understand that 1) I may owe a repayment for received aid; 2) any aid not yet received for this current semester will be cancelled; and 3) aid for future semesters will be cancelled. If I choose to return to school and re-apply for financial aid, I must contact the Financial Aid Office and meet the conditions for reinstatement as explained in the Satisfactory Academic Progress Policy for Financial Aid at www.umt.edu/finaid. Reinstatements of financial aid petitions are available in the Financial Aid Office or at www.umt.edu/finaid using the link "Maintaining Eligibility".

VETERAN'S BENEFITS:

Did you receive Veteran Benefits for this semester? ____ Yes ____ No

Students receiving Veteran's benefits must obtain the signature of the Veteran's (VA) Coordinator in the Registrar's Office.

- I met with the VA Coordinator (Registrar's Office, EL 201) and understand the consequences of my withdrawal on my benefits.

VA Coordinator's Signature _____

Are you a U.S. Citizen? ____ Yes ____ No

If you are not a U.S. Citizen, Foreign Student Service's Director Signature required. FSSS Director Signature _____

Do you live in student housing (residence halls, family housing, Lewis & Clark, etc.)? ____ Yes ____ No

If yes, you must contact Residence Halls/Family Housing.

Do you have health insurance through The University of Montana? ____ Yes ____ No

My signature on this form is my official notification of my intent to withdraw from all classes at The University of Montana.

Signature _____

OFFICE USE

Academic Course Load

Processed By: _____

Mailed or Obtained (date) _____

Comments:

Official WD Date

Withdrawal Coordinator _____ Date _____