

THE UNIVERSITY OF MONTANA SEMESTER WITHDRAWAL FORM

Survey No. _____

Circle correct semester and define year: Autumn Spring Summer 200__

Name (please print) _____
 Student ID Number _____ Last Name _____ First Name _____ Middle Name _____

Forwarding information: _____
 Street Address _____ City _____ State _____ Zip _____ Phone _____

Reason for withdrawal: ___ Academic ___ Health ___ Financial ___ Work ___ Personal

Are you a U.S. Citizen? ___ yes ___ no Foreign students must contact the Foreign Student Director.

Are you receiving veteran's benefits? ___ yes ___ no Students receiving benefits must contact the Veterans Clerk in the Registrar's Office.

Four Bear? ___ yes ___ no

DEFERRED PAYMENT PLAN: ALL STUDENTS MUST READ

Are you on the deferred payment plan? ___ yes ___ no

I understand that I am responsible for any remaining payments on my deferred payment plan. Any refund of fees will be applied to my deferred payment plan. Any refund of fees will take 4 to 5 weeks to process. For additional information contact Business Services. **Please initial** _____

FINANCIAL AID INFORMATION: ALL STUDENTS MUST READ & INITIAL.

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

Have you received any of the following financial aid this semester?

NO YES

- ___ ___ Stafford (unsub)
- ___ ___ Stafford (sub)
- ___ ___ PLUS Loan
- ___ ___ Perkins Loan
- ___ ___ Pell Grant
- ___ ___ FSEOG
- ___ ___ LEAPP
- ___ ___ Fee Waiver (includes faculty/staff fee waivers)
- ___ ___ Scholarship

I understand that:

1. I may owe a repayment for aid already received;
2. Any aid not yet received for this current semester will be cancelled; AND,
3. Aid for future semesters will be cancelled as well.

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 Policy for Financial Aid.

Initials _____

Reinstatement of financial aid petitions are available in the Financial Aid office.

ADDITIONAL INFORMATION

Do you live in a residence hall? ___ yes ___ no

Do you live in family housing? ___ yes ___ no

Students residing in University Housing must contact Residence Hall/Family Housing.

Do you have health insurance through The University of Montana? ___ yes ___ no

Health insurance fee refunds are calculated according to withdrawal date.

My signature and the date I have entered on this form is my official notification of my intent to withdraw from all classes at The University of Montana. I understand that this date will be used to determine the amount of any federal financial aid that I may not have earned and may have to repay.

Student signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Faculty Verification
Pending

Academic Course Load

Medical withdrawal ___
 Health Service ___ used ___ not used
 Dental Service ___ used ___ not used
 HS refund ___ yes ___ no
 F.A. attached ___ yes ___ no

ADJUSTED W.D.

OFFICIAL W.D.
DATE

White—Business Services Canary—FA Pink—Registrar's Goldenrod—Student