

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: