

# MINOT STATE UNIVERSITY – BOTTINEAU

## Student Services Office

105 Simrall Boulevard, Bottineau, ND 58318

### *OFFICIAL WITHDRAWAL FORM*

Students must complete this form if they withdraw from college during any semester. Failure to do so may result in failures (F's) being recorded for all courses in which they are enrolled. Refunds will be made according to the current refund schedule.

\_\_\_\_\_

Full Name Semester Academic Year

\_\_\_\_\_

Permanent Mailing Address Student ID #

My reason for withdrawal is as follows: \_\_\_\_\_

My last date of attendance was: \_\_\_\_\_

The class(es) I attended on this date were: \_\_\_\_\_

Will you be enrolling at MSU-Bottineau in the future? \_\_\_\_\_

If so, which semester and year? \_\_\_\_\_

I recognize that after the date shown on this form, I am not entitled to student privileges.

\_\_\_\_\_

Date Student's Signature

#### Secure the following signatures:

\_\_\_\_\_

Student Services Office Date

\_\_\_\_\_

Financial Aid Officer Date

Copy to: Food Service  
Housing  
Business Office

<b>For office only:</b>
Regular refund schedule <input type="checkbox"/>
Adjusted withdrawal schedule <input type="checkbox"/>
Adjustment to be applied: _____