



# MSU-Great Falls College of Technology

## Dual Enrollment or Dual Credit Withdrawal/Dropping all Classes Form

The student is responsible to initiate an official withdrawal from the College. This form must be completed by the student and returned to the Registrar's Office. "W" grades will be recorded if withdrawal is received after the drop/delete deadline.

<b>Name:</b>	<b>ID/SSN:</b>	<b>DATE OF BIRTH:</b>
<b>Mailing Address:</b>		
<b>City, State, Zip:</b>		
<b>Telephone: (     )     </b>	<b>High School:</b>	

Semester Withdrawing from:  Fall  Spring  Summer Year: \_\_\_\_\_

### Reason for withdrawing:

- |  |   |
|--|---|
| <input type="checkbox"/> Cost (economy, residency)     | <input type="checkbox"/> Updated application to future term |
| <input type="checkbox"/> Family or personal reasons    | <input type="checkbox"/> Closed class sections _____        |
| <input type="checkbox"/> Moving/relocating out of area | <input type="checkbox"/> No reason given                    |
| <input type="checkbox"/> Health reasons                | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Dissatisfaction with service  |   |

Do you intend to return to MSU-GF COT? If yes, when? \_\_\_\_\_

Please share any experiences that you would like us to know:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

High school counselor/principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office Signature: \_\_\_\_\_ Amount Due/Refund: \_\_\_\_\_

### FOR OFFICE USE ONLY

<b>Date received:</b>	<b>Date processed:</b>
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