



Semester Withdrawal Form

This form serves as formal notice of a student's intent to withdraw from Miles Community College after the term has begun, and initiates the withdrawal process. Please check the MCC Academic Calendar for specific deadlines regarding withdrawal, fee payment, and refunds.

Return completed form to the Miles Community College Registrar's Office at Student Services

2715 Dickinson • Miles City, MT 59301 • registrar@milescc.edu • phone: 406.874.6214 • fax: 406.874.6283

MCC Student and Semester Information:

Student's Name _____

Student ID _____ Phone Number _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Semester/Year Withdrawing From: Fall Spring Summer Year _____

Last Date Attended Classes (mm/dd/yyyy) _____

Reason for Withdrawal (please check all that apply):

- Academic Financial Family/Personal Military Work Related Transferring to Another School
 Other _____

DO YOU PLAN ON RETURNING TO MCC? Yes No If so, when? _____

Terms and Conditions

- I understand that I am financially responsible for my bill as outlined in the withdrawal policy in the Miles Community College catalog.
- I understand that a hold may be placed on my student account and access to my transcript may be denied if I withdraw and have an unpaid balance on my student account or an unresolved student conduct issue with the Vice President of Student Engagement.
- I understand that completely withdrawing can impact any financial aid I received for the term and possible eligibility for future aid. Federal financial aid may need to be repaid to the financial aid program and may create a balance owed on my student account. Please consult with the Financial Aid Office for potential impacts to financial aid or scholarships.
- I understand that if I live in MCC student housing, I must contact the Director of Student Life and College Housing to properly check out of my campus residence and will be responsible for any fees incurred for improper checkout or room damages.
- I understand I am responsible for any balance due on my student account which must be paid before I can register for additional classes. I understand that this balance plus any subsequent charges may be turned over to a commercial collection agency if I fail to pay my debt. If the account is referred to a commercial collection agency, Miles Community College may disclose the facts concerning the default along with other pertinent information to credit bureau organizations. I also authorize MCC or their agents to use my cell phone number, if provided or later obtained, to contact me regarding my debt.

The signature of one of the following campus officials is also required as a withdrawal "check out": Academic Advisor, Director of Student Success and Retention, Vice President of Student Engagement, Director of Financial Aid and Admissions, or Vice President of Enrollment Management. My signature on this form is my official notification of my intent to withdraw from all classes at MCC.

Student Signature _____

MCC Official's Signature _____

Students wishing to electronically sign or type their signature may do so only if they email the withdrawal form to registrar@milescc.edu from their school affiliated MCC student email account. This form will **not be accepted via email from a personal email account.*

Office use only: Official WD Date: _____ Registrar Signature: _____