Withdrawal Form

Primary reason you are withdrawing:

☐ Academic  ☐ Financial  ☐ Employment  ☐ Transfer  ☐ Medical  
☐ Other, briefly explain: ____________________________ Semester of Withdrawal: ____________

This form must be completed and returned to the Dean of Students Office before the appropriate portion of your payment (tuition, room and board, and $100 continuing enrollment deposit, less outstanding charges) can be refunded, provided your withdrawal occurs during the refund period and is applicable. Any keys, lab equipment, library materials, or other University property must be returned to the appropriate department.

Students who are withdrawing for medical reasons need to speak with someone in the Dean of Students Office, Room 130, Administration Building, to discuss documentation needed upon return. Students may also elect to meet with a representative from the Dean of Students Office if they believe there are extenuating circumstances compelling them to make the decision to withdraw.

☐ By checking this box and submitting this form today, I understand I will receive a ________ percent tuition refund.

Name__________________________  M Number__________________________

Forwarding information: Phone Number__________________________ Email__________________________

Address__________________________

Do you currently reside in on-campus housing? ☐ Yes ☐ No
If yes, please check out with your RA or Housing and Residential Life, 153 Wadsworth Hall.

Are you planning to return to Michigan Tech within the year? ☐ Yes ☐ No

Readmit term: Fall _____ Spring _____ Summer_____ Year_____

Required Signatures:

Accounting Office

Financial Aid

☐ By checking this box, I understand that Title IV aid may be returned to the federal government and that I may owe a balance to Michigan Tech, which must be paid in full prior to re-enrollment.

Graduate School

International Programs and Services

International students only

Dean of Students Office

Required for medical withdrawal only

Student Signature__________________________ Date__________________________

Internal use only

Effective Term  Refund %  Date  Processed by  Hold Placed