

**WITHDRAWAL FORM**

University of North Dakota – Office of the Registrar  
 201 Twamley Hall, 264 Centennial Drive, Stop 8382 Grand Forks, ND 58202-8382  
 Telephone: 701-777-2712 Fax: 701-777-2696

Have you been a student in the Aviation Department this academic year? Yes No (Circle one)  
**If yes, STOP** Please contact the Laptop Department, Clifford Hall before you withdraw.  
 Have you been a member of any UND athletic team this academic year? Yes No (Circle one)  
**If yes, STOP,** please contact the Athletic Department before you withdraw.

\_\_\_\_\_  
 Athletic Department Signature

Are you taking any courses offered through Correspondence & Online Studies this semester? Yes No (Circle one)  
**If Yes,** do you plan to stay enrolled in the Correspondence & Online Studies course(s)? Yes No (Circle one)  
**If No,** you must contact Correspondence & Online Studies to drop the course(s) before this withdrawal can be processed.  
**If Yes, STOP, if you plan to stay enrolled in correspondence courses for the current semester you are not able to withdraw.**  
 You must "drop" your non-correspondence courses using CampusConnection or by submitting a Registration Action Form at the Office of the Registrar's service window.

Term: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	<b>OFFICE USE ONLY</b>
Classification: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Law	
Term: _____ Date: _____ By: _____	
Veteran: Yes No	

Name: \_\_\_\_\_ **X** \_\_\_\_\_  
 Last First Middle Initial Student's Signature

Student ID No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Current Address: \_\_\_\_\_  
 Street/P.O. Box City State Zip Telephone No. \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
 Street/P.O. Box City State Zip Telephone No. \_\_\_\_\_

**REASON FOR WITHDRAWAL – Check all that apply:**

1. <input type="checkbox"/> Decided to attend a different college.	10. <input type="checkbox"/> Accepted a full-time job or job conflict.
2. <input type="checkbox"/> Wanted to move to (or was transferred to) a new location.	11. <input type="checkbox"/> Academic Advising was inadequate.
3. <input type="checkbox"/> Dissatisfied with my grades.	12. <input type="checkbox"/> Wanted to live nearer to my parents or loved ones.
4. <input type="checkbox"/> Inadequate study habits, lack of motivation.	13. <input type="checkbox"/> Financial, explain _____
5. <input type="checkbox"/> Wanted a break from college studies.	14. <input type="checkbox"/> Illness.
6. <input type="checkbox"/> Impersonal attitude of college faculty or staff.	15. <input type="checkbox"/> Uncertain about career/major.
7. <input type="checkbox"/> Other (Please specify) _____	16. <input type="checkbox"/> Personal, family.
8. <input type="checkbox"/> Desired major was not offered by this college.	17. <input type="checkbox"/> Cultural/Racial differences.
9. <input type="checkbox"/> Disappointed by quality of instruction.	

**I plan to return to UND to complete a degree.** Yes \_\_\_\_\_ No \_\_\_\_\_

Current housing: Greek \_\_\_\_\_ Off-campus \_\_\_\_\_ Residence Hall \_\_\_\_\_ University Apartment \_\_\_\_\_

**UND HOUSING**  
 I understand that it is my responsibility to stop at the Housing Office to cancel my room and board contract or University Apartment lease (as per the terms of that contract or lease). I understand I must rescind (cancel) my residence hall contract or submit my 60 day notice to vacate my University Apartment lease in person at the Housing Office. I further understand that I am responsible for the charges specified in my Residence Hall Room and Board Contract or Apartment Lease.

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Date

**FINANCIAL AID**  
 I understand that if I have been awarded financial aid and I am entitled to a tuition and/or housing refund, the refund will be applied to the financial aid, not issued to the student. I understand that failure to successfully complete two-thirds (66%) of the cumulative credit hours attempted may make me ineligible for federal student financial aid at UND in the future. Policy available in the Financial Aid office.

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>	Class Nos.	Begin Date	End Date	<b>Continuing Education Use Only</b>
	Verify TERM _____ CLASSIFICATION _____			
Percentage _____	Date Processed _____	By _____		By: _____