

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 _____

1. Are you taking any Correspondence/Open Enrollment (9 month) course(s) this semester? Yes No (Circle one)
2. If you answer "Yes", to question #1, do you plan to stay enrolled in the Correspondence/Open enrollment (9 month) course(s)? Yes No (Circle one)
If you answered "Yes", to question #2, **STOP**, if you plan to stay enrolled in Correspondence/Open Enrollment (9 month) course(s) for the current semester you are not able to withdraw. You must "drop" you non-Correspondence/Open Enrollment (9 month) course(s) using Campus Connection or by submitting a Registration Action Form at the Office of the Registrar's service window.
If you answered "No", to question #2, **you must contact Correspondence & Online Studies to drop the course(s) before this withdrawal can be processed.**

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

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 _____

FOR OFFICE USE ONLY	Class Nos. _____	Begin Date _____	End Date _____	Continuing Education Use Only
Verify TERM _____ CLASSIFICATION _____				Term: _____ Classification: _____
Percentage _____ Date Processed _____				Course/Class # _____
				By: _____