

**MONTANA STATE UNIVERSITY-BILLINGS
REQUEST FOR WITHDRAWAL FROM SCHOOL**

STUDENT'S NAME _____
(LAST) (FIRST) (MIDDLE)

ID# (SOCIAL SECURITY#) _____ PHONE # _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TERM/YEAR WITHDRAWING FROM: FALL ___ SPRING ___ SUMMER ___ YEAR _____

LAST DATE ATTENDED CLASSES (MO/DAY/YEAR): _____

REASON FOR LEAVING SCHOOL (indicate all that apply):

- | | |
|---|--|
| <input type="checkbox"/> 01 For Employment | <input type="checkbox"/> 13 No family support for staying in school |
| <input type="checkbox"/> 02 Join the military | <input type="checkbox"/> 14 Teacher(s) attitudes (explain)
_____ |
| <input type="checkbox"/> 03 Marriage | <input type="checkbox"/> 15 Problems adjusting to the school's
demands (explain)
_____ |
| <input type="checkbox"/> 04 Low or failing grades | <input type="checkbox"/> 16 Financial problems (explain)
_____ |
| <input type="checkbox"/> 05 Not attending classes | <input type="checkbox"/> 17 Transfer to _____ |
| <input type="checkbox"/> 06 Expelled – Discipline problems | <input type="checkbox"/> 18 Met academic goals (Degree) |
| <input type="checkbox"/> 07 Responsibilities due to pregnancy | <input type="checkbox"/> 19 Other (specify) _____
_____ |
| <input type="checkbox"/> 08 Child care problems | |
| <input type="checkbox"/> 09 Transportation problems | |
| <input type="checkbox"/> 10 Not interested in school | |
| <input type="checkbox"/> 11 Illness or medical treatment | |
| <input type="checkbox"/> 12 Family obligations (specify)
_____ | |

Comment: _____

STUDENT'S FUTURE PLANS FOR EDUCATION

- | | |
|---|--|
| <input type="checkbox"/> 01 Return to school & finish college | <input type="checkbox"/> 04 Find a job |
| <input type="checkbox"/> 02 Go to graduate school | <input type="checkbox"/> 05 Other: _____ |
| <input type="checkbox"/> 03 Get training for a job (specify)
_____ | |

REFUND OF TUITION AND FEES SHALL BE MADE ACCORDING TO MONTANA BOARD OF REGENT'S POLICY AS STATED IN THE CURRENT UNIVERSITY CATALOG. **REFUNDS ARE CALCULATED BASED UPON THE DATE THIS FORM IS RETURNED TO THE REGISTRAR'S OFFICE.**

SIGNATURES REQUIRED FROM THE OFFICES LISTED BELOW:

STUDENT'S SIGNATURE DATE

ADVISOR'S SIGNATURE (MCM 100) DATE

BUSINESS SERVICES OFFICE (MCM B-4) DATE

FINANCIAL AID OFFICE (MCM 103) DATE

ADMISSIONS AND RECORDS OFFICE (MCM 107) DATE

DATE FORM RETURNED