

**MONTANA STATE UNIVERSITY BILLINGS
REQUEST FOR WITHDRAWAL**

Student's Name _____
(LAST) (FIRST) (MIDDLE)

ID # _____ Phone # _____

Email Address: _____

Mailing 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"/> For Employment
<input type="checkbox"/> Financial Reasons
<input type="checkbox"/> Explain _____
<input type="checkbox"/> Family/Personal Obligations
<input type="checkbox"/> Child Care
<input type="checkbox"/> Marriage
<input type="checkbox"/> Transportation
<input type="checkbox"/> No family support to stay in school
<input type="checkbox"/> Other _____
<input type="checkbox"/> Illness or Medical Treatment
<input type="checkbox"/> Responsibilities due to pregnancy
<input type="checkbox"/> Other _____
<input type="checkbox"/> Join the Military | <input type="checkbox"/> Low or failing grades
<input type="checkbox"/> Not attending classes
<input type="checkbox"/> Not interested in school
<input type="checkbox"/> Problems adjusting to school demands
<input type="checkbox"/> Explain _____
<input type="checkbox"/> Met academic goals (pre-program, degree)
<input type="checkbox"/> Instructor Conflict
<input type="checkbox"/> Explain _____
<input type="checkbox"/> Transferring
<input type="checkbox"/> To ? _____
<input type="checkbox"/> Discipline/Conduct Issues
<input type="checkbox"/> Other (Not listed)
<input type="checkbox"/> Specify _____ |
|---|--|

Comment(s): _____

STUDENT'S FUTURE PLANS

- | | |
|--|--|
| <input type="checkbox"/> Return to MSU Billings
<input type="checkbox"/> Transfer to another institution
<input type="checkbox"/> Go to Graduate School
<input type="checkbox"/> Do not plan to finish my education | <input type="checkbox"/> Seek Job Training
<input type="checkbox"/> Find Employment
<input type="checkbox"/> Other _____ |
|--|--|

IMPORTANT NOTE: REFUND OF TUITION AND FEES SHALL BE MADE ACCORDING TO MONTANA BOARD OF REGENT POLICY AS STATED IN THE CURRENT UNIVERSITY CATALOG. **REFUNDS ARE CALCULATED BASED UPON THE DATE THIS FORM IS INITIATED WITH THE MSU BILLINGS ADVISING & CAREER SERVICES OFFICE.**

We recommend you thoroughly check into the academic (grading), financial aid (loans, grants, scholarships), and refund deadlines/dates/and procedures before finalizing your request to withdraw from MSU Billings.

All legal means will be used to collect any unpaid loans. By signing below the student agrees to reimburse the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all other expenses, including reasonable attorneys' fees the University incurs in such collection efforts.

SIGNATURES REQUIRED FROM THE OFFICES LISTED BELOW:

 Student's Signature Date Advising & Career Services (McMullen – 1st floor) Date

 Business Services (McMullen – Basement) Date Financial Aid (McMullen – 1st floor) Date

 Registrar's Office (McMullen – 1st floor) Date Form Returned to Registrar's Office