



College of Menominee Nation Withdrawal Form

P.O. Box 1179 Keshena,
WI 54135
(715)799-5600
www.menominee.edu

Year: _____ Fall Spring Summer

Name _____ Student ID _____

Mailing Address _____

(If address has changed, please provide current information) City _____ State _____ Zip _____

Degree Seeking Student Non-Degree Student

Section 1: Fill in the student's full semester schedule.

Course Number & Section	Session	Credits	Withdrawing		Last date of Attendance
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Total Remaining Credits: _____

I am enrolled in a session 3 class and am going to stay enrolled in the class? Yes No

If you checked yes please initial here: _____

Section 2: This section needs to be completed and signed by ASC.

Withdrawal reason:

- Family
 Child Care
 Medical/Illness
 Work conflict
 Financial
 Personal
 Course cancellation
 Other: _____

ASC Signature _____ Date: _____

Section 3: Completed by financial aid staff.

Students current bill is _____

Dated: _____

Estimated FA Return _____

Possible remaining balance _____

Financial Aid Staff Initials _____

Section 4: Student Signature

Your signature below indicates the information provided within this form is true and accurate. You accept all responsibility for any outstanding financial obligations owed to the College of Menominee Nation

*Student Signature: _____

Date: _____

Office Use Only:

Date Received: _____

Initials: _____