



# Online Withdrawal Form

Photo ID Checked (Initials) \_\_\_\_\_

Semester:  Fall  Spring  Summer Year \_\_\_\_\_

Student Name \_\_\_\_\_

Telephone \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

*Street or Post Office Box*

*City*

*State*

*Zip*

Email \_\_\_\_\_

**ADDRESS MUST BE CORRECT TO RECEIVE REFUND**

Dept. (Ex. ENG)	CAT-NO (Ex. 111)	Section (Ex. N1D)	Instructor

Select ONE of the following reasons for withdrawal:

- Changed My Mind
- Child Care Problems
- Course Load Too Heavy
- Course Not What Expected
- Course Too Difficult
- COVID-19 Related
- Death in Family
- Dissatisfied With Instruction
- Employment
- Excessive Absences
- Financial
- Illness
- Misadvised
- Personal
- Relocation
- Transfer to Another School
- Transportation
- Other \_\_\_\_\_

Comments

**If you are a Financial Aid recipient, you may owe funds back to the College and your eligibility may be affected as a result of your withdrawal.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Students must e-mail the completed form to records@mitchellcc.edu using their Mitchell student e-mail account only (no other e-mail accounts such as Gmail or Yahoo will be accepted).**

Office Use Only				
Refund:	<input type="checkbox"/> full refund tuition and fees	<input type="checkbox"/> full refund tuition only	<input type="checkbox"/> 75% refund tuition only	<input type="checkbox"/> no refund (past refund date)
Is student receiving Financial Aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Verify LDA w/Instructor	
Is student receiving Veterans Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> SAP	<input type="checkbox"/> R2T4			