UNITED TRIBES TECHNICAL COLLEGE

REGISTRAR'S OFFICE

3315 University Drive
Bismarck, North Dakota 58504
Phone: 701.221.1850
Fax: 701.530.0636 | registrar@uttc.edu

Withdrawal Form

Student Name: _____ ID# _____
Last Date of Attendance: _____ Vocation: _____ Date Withdrawal Initiated: _____

_____ ***Student Initiated Withdrawal***

The student must notify the academic advisor, counselor or Registrar's Office and request to voluntarily withdraw from school. The student who withdraws from school before completing 60% of the semester will owe a portion of the federal and state financial aid disbursed to the student.

_____ ***College Initiated Withdrawal***

A student may be involuntarily withdrawn from college under limited circumstances associated with attendance, disciplinary, or financial situations.

Withdrawal action due to:

- ☐ Personal Emergency
- ☐ Lack of Housing
- ☐ Absenteeism
- ☐ Family Emergency
- ☐ Lack of Financial Resources
- ☐ Medical/Health Conditions
- ☐ Lack of Childcare Funding
- ☐ Lack of Satisfactory Academic Progress
- ☐ Military Service
- ☐ Jury Duty
- ☐ Disciplinary Action
- ☐ Incarceration

STUDENT INITIATED WITHDRAWAL

_____ _____
Student Signature Date

_____ _____
Academic Advisor Date

_____ _____
Academic & Personal Counselor Date

Copies to:
Student
VP of Academic Affairs
VP of Campus Services
Financial Aid Office

COLLEGE INITIATED WITHDRAWAL

_____ _____
Student Accounts Date

_____ _____
Center for Student Success Counselor Date

_____ _____
VP of Academic Affairs (Attendance) Date
OR
VP of Campus Services
☐ Disciplinary ☐ Involuntary Withdrawal

Copies to:
Student
Non-signing Vice President
Financial Aid Office

ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE

Registrar's Use Only
Date of institutional determination of withdrawal: _____ Initial: _____