



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A student may be involuntarily withdrawn from college under limited circumstances associated with attendance, disciplinary, or financial situations.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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Personal Emergency | <input type="checkbox"/> Lack of Financial Resources            | <input type="checkbox"/> Military Service    |
| <input type="checkbox"/> Lack of Housing    | <input type="checkbox"/> Medical/Health Conditions              | <input type="checkbox"/> Jury Duty           |
| <input type="checkbox"/> Absenteeism        | <input type="checkbox"/> Lack of Childcare Funding              | <input type="checkbox"/> Disciplinary Action |
| <input type="checkbox"/> Family Emergency   | <input type="checkbox"/> Lack of Satisfactory Academic Progress | <input type="checkbox"/> Incarceration       |

**STUDENT INITIATED WITHDRAWAL**

*By signing below, I acknowledge I will no longer be on my current degree plan if I return in the future.*

_____	_____
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**

_____	_____
Academic Advisor	Date
_____	_____
Academic & Personal Counselor	Date
_____	_____
VP of Academic Affairs (Attendance)	Date

**OR**

VP of Campus Services

Disciplinary     Involuntary Withdrawal

**Copies to:**  
Student  
Non-signing Vice President  
Student Accounts

**\*\*ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE\*\***

**Registrar's Use Only**

Date of institutional determination of withdrawal: \_\_\_\_\_ Initial: \_\_\_\_\_

REVISED 01-2018 JJH-ACADEMIC AFFAIRS