



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 <u>*Filled in by Financial Aid*</u>
			<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 SAS.

Withdrawal reason:

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

SAS 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: _____