

**Cancellation/Withdrawal Form**

**Dropping to Zero Credits**

**Submit to:** UND Office of the Registrar, 201 Twamley Hall, 264 Centennial Drive Stop 8382, Grand Forks, ND 58202-8382 or FAX 701.777.2696

**Student ID #: W** \_\_\_\_\_ **Classification:**  Undergraduate  Graduate  Law  Collaborative

**Full Name:** Last \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address:** Street/P.O. Box \_\_\_\_\_ **Apartment #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Term from which you are withdrawing:** **Year 20** \_\_\_\_\_  Fall  Spring  Summer

**From which courses are you withdrawing?**  Undergraduate  Graduate  Law  \*Correspondence - 9 month enroll anytime course(s)

*\*You must contact Correspondence & Online Studies to drop the course(s) before this withdrawal can be processed.*

**Are you enrolled in Collaborative courses with another North Dakota institution in the term of withdrawal?**  No  Yes \*

*\*If yes, which institution?* \_\_\_\_\_

*\*If yes, do you wish to be withdrawn from those courses as well?*  No  Yes

**Have you been a member of any UND athletic team this academic year?**  No  Yes \*

*\*If yes, contact the Athletic Department for required signature.* \_\_\_\_\_

**Do you plan to return to UND in the future?**  No  Yes \* *\*If yes, when?* Year 20 \_\_\_\_\_  Fall  Spring  Summer

**Have you lived in UND housing this semester?**  No  Yes \*

*\*If yes, it is your responsibility to contact the Housing Office to cancel your room/board contract or University Apartment lease.*

**Please list the reason(s) for withdrawing from UND at this time.**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Decided to attend a different college.                    | <input type="checkbox"/> 10. Accepted a full-time job or conflict.              |
| <input type="checkbox"/> 2. Wanted to move to (or was transferred to) a new location. | <input type="checkbox"/> 11. Academic advising was inadequate.                  |
| <input type="checkbox"/> 3. Dissatisfied with my grades.                              | <input type="checkbox"/> 12. Wanted to live nearer to my parents or loved ones. |
| <input type="checkbox"/> 4. Inadequate study habits, lack of motivation.              | <input type="checkbox"/> 13. Financial, explain _____                           |
| <input type="checkbox"/> 5. Wanted a break from college studies.                      | _____   |
| <input type="checkbox"/> 6. Impersonal attitude of college faculty or staff.          | <input type="checkbox"/> 14. Illness.   |
| <input type="checkbox"/> 7. Other (Please specify) _____                              | <input type="checkbox"/> 15. Uncertain about career/major.                      |
| <input type="checkbox"/> 8. Desired major was not offered by this college.            | <input type="checkbox"/> 16. Personal, family.                                  |
| <input type="checkbox"/> 9. Disappointed by quality of instruction.                   | <input type="checkbox"/> 17. Cultural/Racial differences.                       |

**FINANCIAL AID**

**Have you applied to receive financial aid (loans, grants, scholarships) during the term of withdrawal?**  No  Yes\*

*\*If yes, cancel any financial aid that has not been disbursed during the term of withdrawal?*  No  Yes

I understand that if I have been awarded financial aid and if I am entitled to a tuition and or housing refund, the refund will be applied first towards any financial aid that needs to be returned, then to the student. I understand that failure to successfully complete two-thirds (66%) of the cumulative credit hours attempted may make me ineligible for federal student financial aid at UND in the future. Policy available in the Financial Aid office. **Student Initials** \_\_\_\_\_

**Forms are processed as of the date received in the Office of the Registrar. Please allow 3 to 5 business days for the withdrawal to be reflected in Campus Connection.**

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only: <input type="checkbox"/> Cancellation Term: _____ SFA: <input type="checkbox"/> No <input type="checkbox"/> Yes	Continuing Education: Term: _____
Refund Percentage: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 0%	Course/Class #: _____
Date Processed: _____ By: _____	By: _____