NORTHLAND
COMMUNITY & TECHNICAL COLLEGE

TOTAL WITHDRAWAL FORM

Name: _____

Star ID/Student ID #: _____ Program/Major: _____Semester: _____

Permanent Mailing Address: _____

City/State/Zip: _____

Telephone: _____-_____-_____

Do you plan to return at a later date: ☐No ☐Unsure ☐Yes If so, when?_____

You will be required to complete a Returning Student Application which is available in the admissions office or at www.northlandcollege.edu. You may be subject to new program requirements when you re-enroll.

Did you receive any type of financial aid? ☐No ☐Yes **If yes, you may be required to repay a portion of the financial aid you received. Contact the financial aid office if you have questions.**

*******Are you enrolled in any distance education course(s)? ☐No ☐Yes **If yes, you will need to go to your distance portal at http://distance.minnesota.edu/ and select My Online Portal under Current Students.**

Please be aware that dropping/withdrawing from courses may impact your Satisfactory Academic Progress status.

Reason(s) for leaving Northland (Check all that apply – individual data furnished will be kept confidential):

- ☐ Academic
- ☐ Campus Social Climate
- ☐ Cancellation of Classes
- ☐ Child Care Issues
- ☐ Courses Not What I Expected
- ☐ Coursework too Difficult
- ☐ Dissatisfaction with Instruction
- ☐ Dissatisfaction with Services
- ☐ Family Issues
- ☐ Financial Aid
- ☐ Housing
- ☐ Medical
- ☐ Military
- ☐ Missed too many classes
- ☐ Moving *****
- ☐ Not Ready for College
- ☐ Not the Program for Me
- ☐ Personal Finances
- ☐ Personal Reasons
- ☐ Too Far From/Close to Home
- ☐ Transferring to Another College, Please Indicate College _____
- ☐ Work/Job Offer
- ☐ Other: _____

_____

***If moving, please indicate your new address if it will be different from your permanent address indicated above.**

Is there anything NCTC could have assisted you with that would have allowed you to continue your enrollment? If so, please indicate what would have been helpful:

_____

_____ _____
Student Signature **Date**

_____ _____
Advisor/Counseling Office Signature **Date**

_____ _____
Registrar's Office Signature **Date**

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