

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):

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