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

*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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