



**UNITED TRIBES
TECHNICAL COLLEGE**

REGISTRAR'S OFFICE

3315 University Drive
Bismarck, North Dakota 58504
Phone: 701.221.1850
Fax: 701.530.0636 | registrar@uttc.edu

Official Institutional Withdrawal Form

Student Name: _____ **ID#** _____
Last Date of Attendance: _____ **Vocation:** _____ **Date Withdrawal Initiated:** _____

_____ **Student Initiated Withdrawal**

The student must notify the academic advisor, personal counselor or Registrar's Office and request to voluntarily withdraw from school. The student who withdraws from school before completing 60% of the semester will owe a portion of the federal and state financial aid disbursed to the student.

_____ **College Initiated Withdrawal**

A student may be involuntarily withdrawn from college under limited circumstances associated with attendance, disciplinary, or financial situations.

Withdrawal action due to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Personal Emergency | <input type="checkbox"/> Lack of Financial Resources | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Lack of Housing | <input type="checkbox"/> Medical/Health Conditions | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Lack of Childcare Funding | <input type="checkbox"/> Disciplinary Action |
| <input type="checkbox"/> Family Emergency | <input type="checkbox"/> Lack of Satisfactory Academic Progress | <input type="checkbox"/> Incarceration |

STUDENT INITIATED WITHDRAWAL
 By checking this box I accept all responsibilities for these actions and understand that withdrawing at this time will forfeit my current degree plan.

Student Signature Date

Academic Advisor Date

Personal Counselor Date

Copies to:
Student
VP of Academic Affairs
VP of Campus Services
Financial Aid Office
Student Accounts

COLLEGE INITIATED WITHDRAWAL

Academic Advisor Date

Personal Counselor Date

VP of Academic Affairs (Attendance) Date

OR
VP of Campus Services
 Disciplinary Involuntary Withdrawal

Copies to:
Student
Non-signing Vice President
Financial Aid
Student Accounts

****ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE****

Registrar's Use Only

Date of institutional determination of withdrawal: _____ Initial: _____