



# STUDENT WITHDRAWAL TO ZERO CREDITS FORM

**PRINT THIS PAGE AND SEND TO:**

Academic Records Office | Williston State College | 1410 University Avenue Williston, ND 58801  
701.774.4211 (f) [wsc.records@willistonstate.edu](mailto:wsc.records@willistonstate.edu) (e)

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Term: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Residence:**

- On-Campus
- Off-Campus

**Reason for Cancellation:**

- Financial
- Medical
- Transfer to another College
- Employment
- Relocating
- Military Duty
- Entering Peace Corps
- Official Church Mission
- Other

**Status:**

- New Student
- Transfer Student
- Returning Student

**Comments:**

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**Student's Signature:**

I am voluntarily withdrawing from all courses for which I have been registered for the term defined above. I also understand that, depending on my date of withdrawal, I may not be entitled to a refund of tuition, fees, or other expenditures I may have incurred.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REGISTRAR'S OFFICE USE ONLY:** Withdrawal Date: \_\_\_\_\_

<b>ADMINISTRATIVE OFFICES ONLY</b>		
Student Finance: _____	CBORD Adjust.: _____	% Refund: _____
Housing Coordinator: _____	Collaborative Contact: _____	
Immigration Officer: _____	Veteran's Certifying Official: _____	
<b>FINANCIAL AID OFFICE USE ONLY</b>		
Financial Aid Recipient Y___ N___	Student Loan Borrower Y___ N___	
Athletic Award Recipient Y___ N___	WCG Schol. Recipient Y___ N___	
Financial Aid Office: _____		