



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 (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:

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: _____

ADMINISTRATIVE OFFICES ONLY

Student Finance: _____

CBORD Adjust.: _____

% Refund: _____

Housing Coordinator: _____

Collaborative Contact: _____

Immigration Officer: _____

Veteran's Certifying Official: _____

FINANCIAL AID OFFICE USE ONLY

Financial Aid Recipient Y___ N___

Student Loan Borrower Y___ N___

Housing Waiver Y___ N___

Athletic Award Recipient Y___ N___

WCG Schol. Recipient Y___ N___

Housing Schol. Y___ N___

Financial Aid Office: _____