



HIBBING COMMUNITY COLLEGE Withdrawal from College Form

Term: Fall 20 ____ Spring 20 ____ Summer 20 ____

Name _____ X _____
Last First MI Student's Signature

Student ID # _____ Date of Birth _____ Today's Date _____

Current Address: _____
Street/ P.O. Box City State Zip Telephone No.

Permanent Address: _____
Street/P.O. Box City State Zip Telephone No.

Veteran: YES NO

REASON FOR WITHDRAWAL – Check all that apply:

- 1. Decided to attend a different college.
- 2. Wanted to move to (or was transferred to) a new location
- 3. Dissatisfied with my grades.
- 4. Inadequate study habits, lack of motivation.
- 5. Wanted a break from college studies.
- 6. Impersonal attitude of college faculty or staff.
- 7. Desired major was not offered by this college.
- 9. Disappointed by quality of instruction.
- 10. Accepted a full-time job or job conflict.
- 11. Academic Advising was inadequate.
- 12. Wanted to live nearer to my parents or loved ones.
- 13. Financial, explain: _____
- 14. Illness.
- 15. Uncertain about career/major.
- 16. Personal, family.
- 17. Cultural/Racial differences.
- 18. Other (Please specify) _____

I plan to return to HCC to complete a degree. Yes No

Current housing: On-campus _____ Off-campus _____

HCC HOUSING

I understand that it is my responsibility to cancel my housing contract.
I understand I must rescind (cancel) my housing contract with the Associate Dean of Student Services.
I further understand that I am responsible for the charges specified in my housing contract.
Date _____ Student Initials _____

FINANCIAL AID

If you totally withdraw or stop attending classes, federal regulations require us to calculate a repayment of your federal financial aid based on your last date of attendance. Therefore, if you have been awarded financial aid, any tuition and/or housing refund may be applied to repay your financial aid. Failure to successfully complete two-thirds (67%) of the cumulative credit hours attempted may make you ineligible for federal student financial aid at HCC in the future.

Date _____ Student Initials _____

Counselor/Advisor Signature _____ Date _____

This document may be available in alternative formats to individuals with disabilities by calling 218-262-7200 or 1-800-224-4422.

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