

Financial Aid Student Withdrawal Authorization Form

Please complete all sections and return to the Financial Aid Office

Student Information: Print

_____	_____	_____	_____
Last Name	First Name	M.I.	MCC ID #
_____	_____	_____	_____
Semester	Home Telephone Number	Alternate Telephone Number	

I am withdrawing or have withdrawn from one (1) or more of my _____ (Fall, Winter/Spring, or Summer) session classes. By signing this form, I am certifying I will be attending another session this semester. The additional courses sessions I have registered for are:

- Course Name and Start Date _____
- Course Name and Start Date _____
- Course Name and Start Date _____

I am aware if I decide not to register and attend additional courses, I may incur a balance with the college and the Department of Education.

By signing, I certify the information provided above is true and I understand my financial aid eligibility will be based on this information.

Student Signature

Date