



Office of the Registrar  
 Nueta Hidatsa Sahnish College  
 PO Box 490/220 College Drive  
 New Town, ND 58763  
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 Fax: 701.627.4790 registrar@nhsc.edu

# Withdrawal Form

*\*Use after last day to Drop/Add Courses until last day to withdraw from semester with W*

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Undergraduate      Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Non-Degree      Last Date of Attendance: \_\_\_\_\_ Major: \_\_\_\_\_

Year:       Fall       Spring       Summer       Date Withdrawal Initiated: \_\_\_\_\_

**Student Initiated Withdrawal**

The student must notify NHSC, academic advisor, counselor or Registrar's Office and request to voluntarily withdraw from the school. If a student withdraws prior to the deadline, a "W" will be entered on the transcript. Students who do not formally withdraw or do so after the deadline, will receive a letter grade as assigned by the instructor.

**College Initiated Withdrawal**

A student may be involuntarily withdrawn from college under extenuating circumstances, or emergencies potentially affecting their educational records, that fall outside the realm of normal NHSC policy and procedures.

**\*NOTE: Students who withdraw after the fourth week are still responsible for their full educational cost.**

**Reason for Withdrawal:**

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

I plan on returning to NHSC in the future       YES       NO

STUDENT INITIATED WITHDRAWAL	
<i>By signing below, I acknowledge I will no longer be on my current degree plan if I return in the future.</i>	
_____ Student Signature	_____ Date
_____ Academic Advisor	_____ Date
_____ Academic & Personal Counselor	_____ Date
<b><u>Copies to:</u></b> Student VP of Academic VP of Student Service Financial Aid Office	

COLLEGE INITIATED WITHDRAWAL	
_____ Academic Advisor	_____ Date
_____ Academic & Personal Counselor	_____ Date
_____ VP of Academics OR VP of Support Services	_____ Date
<b><u>Copies to:</u></b> Student Non-Signing Vice President Student Accounts	

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

**Registrar's Use Only**

Date of institutional determination of withdrawal: \_\_\_\_\_ Signature: \_\_\_\_\_