

Office of the Registrar

Nueta Hidatsa Sahnish College

PO Box 490/301 College Drive

New Town, ND 58763

Phone: 701-627-8047

Fax: 701.627.4790 registrar@nhsc.edu

Course Withdrawal Form

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

## Student Name: Student ID:

Undergraduate

Non-Degree

## Email Address: \_\_\_\_\_Phone #:

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A student may be involuntarily withdrawn from college under extenuating circumstances, or emergencies potentially affecting their educational records, that fall outside the realm of normal NHSC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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Withdrawal** | **Course Code** | **Course Title** | **Cr.** | **Instructor’s Signature** | **Date** | **Advisor’s Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

**Reason for Withdrawal:**

Medical/Health Conditions Lack of Satisfactory Academic Progress Change of Work Schedule

Family Emergency Lack of Financial Resources Disciplinary Action

Absenteeism Jury Duty Other

**COLLEGE INITIATED WITHDRAWAL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Academic Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Student Development Retention Counselor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

VP of Academics Date

OR

VP of Support Services

**Copies to:**

Student

Non-Signing Vice President

Student Accounts

**STUDENT INITIATED WITHDRAWAL**

*By signing below, I acknowledge I will no longer be on my current degree plan if I return in the future.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Academic Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Student Development Retention Counselor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Financial Aid Office Date

**Copies to:**

Student

VP of Academic

VP of Student Service

Financial Aid Office

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

**Registrar’s Use Only**

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

**7.19.18 JM**