



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A student may be involuntarily withdrawn from college under extenuating circumstances, or emergencies potentially affecting their educational records, that fall outside the realm of normal NHSC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

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical/Health Conditions | <input type="checkbox"/> Lack of Satisfactory Academic Progress | <input type="checkbox"/> Change of Work Schedule |
| <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 |

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

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

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

Registrar's Use Only

Date of institutional determination of withdrawal: _____ Signature: _____