

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 from one (1) or more of my \_\_\_\_\_ (fall, 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 Section: \_\_\_\_\_
- Course Name and Section: \_\_\_\_\_
- Course Name and Section: \_\_\_\_\_

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*