

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 and 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