



Student Name: _____ ID: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email (not mtmc.edu): _____

Term from which you are withdrawing: Year 20_____ Fall Spring Summer

Undergraduate Graduate Withdrawal Leave of Absence*

***Note: If this is a leave of absence, please attach documentation explaining the reason for your request*

Yankton Watertown Sioux Falls Other: _____

By signing below, I understand and agree to the following conditions of withdrawal and, when applicable, have read and understand the Leave of Absence policy outlined in the college catalog:

I understand that I will be withdrawn from all registered coursework, including any courses I may have pre-registered for in a future term.

I understand that my withdrawal may affect scholarships, financial aid, and/or existing financial agreements that I have with Mount Marty College.

Student Signature

Date

Student is required to complete exit paperwork and obtain signature of appropriate retention officer/program director:

Retention Officer or Program/Location Director

Date

Retention Officer/Program Director:

Official notification was provided by the student

- Student began MMC's withdrawal process in person on _____
- Student provided notice (written, e-mail, verbal, or phone) of intent to withdrawal (attach documentation)

Official notification was not provided by the student

- Midpoint of the enrollment period
- Last date of attendance at an academically related activity

Registrar: _____ **Official Date:** _____

Date Processed: _____ **By:** _____