



School Withdrawal Form

Name:
Banner ID #: D
Phone Number: () -
Email Address: <i>(*Withdrawal confirmation will be sent to the address provided.)</i>
Current Semester (circle one): Fall Spring Summer
Year of Withdrawal:

In order to complete the withdrawal process, you must obtain signatures from representatives in the offices indicated on this form. Upon receiving all necessary signatures, return this form to the Office of Advising. Your signature is also required to validate the form.

Student Signature: _____ **Date** _____
(By signing this form, the student verifies his/her complete understanding of the consequences which may result from a total withdrawal from Mississippi Delta Community College.)

To be completed by college personnel *only*.

Library Services: _____ **Date** _____
(I verify that this student has returned all library materials checked out during the semester.)

Financial Aid: _____ **Date** _____
(I verify that this student has been informed of the consequences resulting from a total withdrawal from Mississippi Delta Community College.)

Business Office: _____ **Date** _____
Amount Owed: _____
(I verify that this student has no outstanding fees or fines, or I have indicated the amount owed by the student.)



Please complete the anonymous STUDENT WITHDRAWAL SURVEY

Directions: Scan QR code at left with cellphone camera or type this address into a web browser:

<https://www.surveymonkey.com/r/MDCCwithdrawal>

Advisor Signature: _____ **Date** _____
(I verify that this student has completed the withdrawal process through the Office of Advising. The date provided indicates the day the form was returned for processing.)