

**State Technical College of Missouri  
Student Withdrawal from College Form**

**1. Complete Student Information:** Effective Semester/Year: \_\_\_\_\_

\*Student ID No.: \_\_\_\_\_ Major: \_\_\_\_\_

\*Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**2. \*Select Reason for Withdrawal from the College (Please check one.)**

- |   |  |
|---|--|
| <input type="checkbox"/> AT Lack of Attendance      | <input type="checkbox"/> EM Employer, City, State: _____<br>Job Title: _____           |
| <input type="checkbox"/> DD Disciplinary Dismissal  | <input type="checkbox"/> MD Military Deployment-Attach Military Orders-List MOS: _____ |
| <input type="checkbox"/> DE Deceased                | <input type="checkbox"/> MS Military Service-Voluntary-List MOS: _____                 |
| <input type="checkbox"/> DF Death in Family         | <input type="checkbox"/> OT Other (be specific): _____                                 |
| <input type="checkbox"/> DI Disliked Program        | <input type="checkbox"/> PE Personal   |
| <input type="checkbox"/> DS Disciplinary Suspension | <input type="checkbox"/> T2 Transfer to a 2-year institution: _____<br>School & Major  |
| <input type="checkbox"/> EC Economic                | <input type="checkbox"/> T4 Transfer to a 4-year institution: _____<br>School & Major  |
| <input type="checkbox"/> ME Medical Related         | <input type="checkbox"/> UC Unable to Contact  |
| <input type="checkbox"/> MV Moving                  |  |

  X    
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. It is suggested that you talk to your program advisor or chair and counselor before returning this form to the Academic Records Office.**

**4. Return all library materials or you will be billed for them.**

**5. Visit the Financial Aid Office for an exit interview.**

  X    
Financial Aid Office Signature/Date \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_

**6. Visit the Cashier's Office to make payment arrangements or finalize your account.**

  X    
Cashier's Office Signature/Date \_\_\_\_\_

**7. Return completed form to the Academic Records Office.**

**a. Submit your student ID and parking tag with this form.  ID card**

**b. This withdrawal will not be official until all information is complete, the Financial Aid Office and Cashier's signatures are obtained, and the form has been returned to the Academic Records Office.**

**Office Use Only:** (See instructions on back of form.)

**Withdrawal by Student**

  X    
Academic Records Office Signature/Date \_\_\_\_\_ Effective Withdrawal Date \_\_\_\_\_

**Withdrawal by Administration** (Please be sure to complete all items marked with an \*.)

  X    
Employee Signature/Title/Date \_\_\_\_\_

  X    
Counselor Signature/Date \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_

  X    
Academic Records Office Signature/Date \_\_\_\_\_ Effective Withdrawal Date \_\_\_\_\_

**Distribute/Report to the following Departments/Individuals:**

Academic Resource Center  
Activity Center  
Admissions  
Bookstore

Cafeteria Manager  
Career Services  
Cashier  
Counselor

Department Chair/Advisor  
Financial Aid  
Instructors  
IT-Student Email

Library  
Resident Manager  
Student Activities  
Testing Center

VRE Counselor  
Student (only if Admin  
Withdrawal)