



College of the Muscogee Nation

Student Withdrawal Request

PO Box 917
2170 Raven Circle
Okmulgee, OK 74447
(918) 549-2847
Fax: (918) 759-6941
mtyner@cmn.edu

Print or Type All Information.

The official date of withdrawal is the date this Withdrawal Request is initiated and signed by the student. Refunds and grades will be determined by this date in accordance with CMN's withdrawal policy.

Name _____ Student ID _____

Program of Study _____ Trimester _____ Last Day of Class Attendance _____

Reason for Withdrawal: _____

Forwarding Information:

Address _____ City _____ State _____ Zip _____

County _____ Phone Number _____ Alt Phone Number _____

Date of Birth ____ / ____ / ____ Email Address _____

Do you plan to return to CMN? Yes No When? _____

The student is responsible for contacting the following department(s) prior to withdrawal from school.

Comments / Signatures from Advisors:

Academic Department / Advisor
Bursar's Office / Cashier's Office
Financial Aid & Scholarships
Residential Life (on-campus students only)

I accept any and all academic and financial consequences of my withdrawal from CMN.

Signature of Student _____ **Date** ____ / ____ / ____

FOR OFFICE USE ONLY
<input type="checkbox"/> Withdrawal (student has attended)
<input type="checkbox"/> Cancel (Student has never attended)
<input type="checkbox"/> College Appeals Committee: _____ Date ____ / ____ / ____