



**ENROLLMENT MANAGEMENT
STUDENT WITHDRAWAL REQUEST**

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Okmulgee, OK 74447
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registrar@cmn.edu

The official withdrawal date is when the student initiates and signs this withdrawal request. Refunds and grades will be determined by this date per CMN’s withdrawal policy.

Name:		Student ID:		
Program of Study:		Term:		Last Day of Attendance:
		<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		
Reason for Withdrawal:				
Address:	City:	State:	Zip:	
Phone Number:		Email Address:		
Do you plan to return to CMN? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?		
Student’s Agreement				
<p>I understand that withdrawing may negatively impact my Satisfactory Academic Progress calculation. This could result in a warning or subsequent suspension status, which may impact my eligibility for financial aid. _____ (Student Initials)</p> <p>I understand that if I am currently receiving financial aid, a return of Title IV funds may be performed, which could cause me to have an unpaid balance at College of the Muscogee Nation. _____ (Student Initials)</p>				
Signature:			Date:	

INTERNAL USE:	
Registrar Signature:	Date: