2170 Raven Circle
Okmulgee, OK 74447
918.549.2847
registrar@cmn.edu

ENROLLMENT MANAGEMENT
STUDENT WITHDRAWAL REQUEST

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: ☐Spring ☐Summer ☐Fall	Last Day of Attendance:
Reason for Withdrawal:			
Address:	City:	State:	Zip:
Phone Number:		Email Address:	
Do you plan to return to CMN? ☐ Yes ☐ No		When?	

Student's Agreement

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)

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)

Signature:	Date:

INTERNAL USE:	
Enrollment Clerk Signature:	**Date:**
Registrar Signature:	**Date:**