



1241 Fall River Avenue
Seekonk, MA 02771
508-336-6611

Submit in Person to:
Director of Financial Aid/Registrar

STUDENT REQUEST FOR OFFICIAL WITHDRAWAL

Student Name: _____

Student Address: _____

Program: _____ Cycle: _____

Phone: _____ Email: _____

Withdrawal Date: _____

STUDENTS RECEIVING FINANCIAL AID

_____ I understand that if I withdraw from classes I may owe financial aid back to MTTI based on federal regulations that require a refund calculation to determine the Federal Title IV Funds I earned.

_____ I understand that I might owe money to MTTI based on the State Refund Policy.

_____ I understand that if I am receiving a MTTI scholarship I will lose scholarship eligibility and any scholarship money awarded will become due.

Student's Signature

Date