

# Morthland College

Withdraw from Morthland College Form

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ID# (if applicable): \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Request to Withdraw from Morthland College:

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By my signature below, I signify that I wish to withdraw from Morthland College. I also signify that a representative from Morthland College may contact me at any time to discuss this withdraw. I understand that this form may be kept on file for use by the college in evaluation of the Morthland College experience.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Once completed and signed, return this form to the Office of Academic Records.**