



COURSE/PROGRAM WITHDRAWAL-REFUND FORM

Email form to studentservices@mtec.edu

MTECH Student ID: _____ Student Name: _____

Course/Program: _____ Phone Number: _____

Campus/Time: _____ Personal Email: _____

Reason for Withdrawal: _____

If Related Unrelated employment, employed at: _____

Student Signature: _____ Date: _____

Make refund payable to: _____

Address: _____

Tuition and fee refund eligibility is outlined in the Mountainland Technical College Refund Policy 600.615. A \$10 refund processing fee will be applied to all refunds unless the course is canceled by the institution. Refunds will be issued within 45 days.

MTECH Counselor Signature (N/A if prior to class starting): _____ Date: _____

It is the policy of MTECH not to discriminate on the basis of race, color, national origin, sex, disabilities in its CTE Programs, Services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and the Section of 504 of the Rehabilitation Act of 1973, as amended.

Instructor/Administrator Use Only:

Was this student on Academic Probation at the time of withdrawal? [] YES [] NO

Does the student have supplies or materials that were included in the course/program fees that need to be withheld from the refund? [] YES, amount _____ [] NO

If MTECH withdrew the student, how and when was the student notified of their withdrawal? [] Email [] In Person [] Phone Call/Text Date _____

Instructor/Administrator Signature _____ Date _____

Student Services Use Only:

[] Withdrawal Form (refund if applicable) [] Refund Form Only _____

TUITION

Paid (attach receipt/reg opy) Paid [] Owed []
[] 100% Tuition Refund Tuition Refund Due []

FEES

Paid [] Owed []
+ Fee Refund Due []

Subtotal or campus cash deposit

= []

Processing Fee - \$10.00

Total Refund = []

Date Entered in Database _____ Date Sent to Avid _____ Staff Name _____