

Financial Aid Student Withdrawal Authorization Form

Please complete all sections and return to the Financial Aid Office **Student Information: Print** Last Name _____ First Name_____ M.I. ____ Middlesex College ID Number _____ Semester_____ Home Telephone Number _____ Alternate Telephone Number_____ I am withdrawing or have withdrawn from one (1) or more of my _____ (Fall, Winter/Spring, or Summer) session classes. By signing this form, I am certifying I will be attending another session this semester. The additional course(s) and sessions I have registered for are: " Course Name and Start Date _____ Course Name and Start Date _____ Course Name and Start Date _____ I am aware if I decide not to register and attend additional courses, I may incur a balance with the college and the U.S. Department of Education. By signing, I certify the information provided above is true and I understand my financial aid eligibility will be based on this information. Student Signature Date

For Office Use Only FAC24SWA

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