

Effective Semester

- Spring _____
- Summer _____
- Fall _____



MISSISSIPPI STATE UNIVERSITY

Division of Academic Outreach & Continuing Education

Official Withdrawal Form for Distance Learning

Campus 5

Student ID # _____ Name: _____
Last First M.I.

Email Address: _____ Phone Number: _____

Date of Birth: ____/____/____ Sex: F M Class: Fr So Jr Sr Gr CVM

College/School _____ Major/Concentration _____

List REASON for Withdrawal (attach any supporting evidence) _____

I have/will read and understand the University's Withdrawal and refund policies. I have/will read and comply with financial aid withdrawal instructions.

STUDENT: By signing and submitting this form the Division of Academic Outreach and Continuing Education you are authorizing WITHDRAWAL from ALL course(s) listed on your current schedule through Distance Learning (ONLY) - AOCE. If you are enrolled in Main Campus course(s) please contact your Dean's Office to withdraw.

Student's Signature _____ Date _____ Academic Dean's Signature _____ Date _____

Please view the Academic Calendar at <https://mybanner.msstate.edu/news.htm> for more Policy Information.

Withdrawal Refund Schedule Spring/Fall Semesters

1 st Class Day	100%
2 nd – 10 th Class Day	90%
11 th – 15 th Class Day	80%
16 th – 20 th Class Day	65%
21 st – 25 th Class Day	45%
26 th – 30 th Class Day	25%
After 30 th Class Day	0%

Withdrawal Refund Schedule Ten (10) Week Summer Term

1 st Class Day	100%
2 nd – 6 th Class Day	90%
7 th – 9 th Class Day	80%
10 th – 12 th Class Day	65%
13 th – 14 th Class Day	45%
15 th – 16 th Class Day	25%
After 16 th Class Day	0%

Withdrawal Refund Schedule Five (5) Week Summer Terms

1 st Class Day	100%
2 nd – 3 rd Class Day	90%
4 th – 6 th Class Day	80%
7 th – 9 th Class Day	65%
10 th – 11 th Class Day	45%
12 th – 13 th Class Day	25%
After 13 th Class Day	0%

SEND OR FAX TO: Operations Unit * P. O. Box 5247 * Mississippi State, MS 39762 * FAX 662-325-2657

Mississippi State University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation or group affiliation, age, disability, or veteran status.

For AOCE Office Use ONLY

WITHDRAWAL Code: _____ Refund Percentage: _____

Withdrawal Term: _____ Hrs. Currently Enrolled _____ Effective Withdrawal Date: _____