

# NEW MEXICO TECH –

Name \_\_\_\_\_ ID# \_\_\_\_\_

*(Last)*

*(First)*

Email Address \_\_\_\_\_ Are you employed o

CRN #	Course & Section	Lecture or Lab	Credit Hours	Instructor's Signature <i>(Required)</i>
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Advisor \_\_\_\_\_

*(Required for ALL students)*

**This form must be turned in at the Office of the Registrar for final processing. Joseph A. Fidel Center, Second Floor, Room 285**

**Residential Life:**

*If you withdraw below full-time enrollment, you may be required to vacate student housing. Please contact Residential Life **BEFORE** withdrawing. See your community standards handbook.*

**Financial Aid:**

*Your financial aid package will be adjusted based on your enrollment. If you completely withdraw, you may be required to repay some of your financial ai*