



NOTRE DAME
OF MARYLAND
UNIVERSITY

YEAR & SEMESTER

COURSE WITHDRAWAL FORM

Student ID # _____ Name _____
Last First

Please check your student program:

Women's College _____ College of Adult Undergraduate Studies _____ Graduate Studies _____

MCT _____ PDI _____ CASE _____ Other _____

Preferred phone # _____ This is: Home Cell Work

I request permission to withdraw from the following courses:

Today's date

I am withdrawing from all my courses this semester

Course ID	Section	Lab	Auditing	Course title	Credit hrs.
Sample: BUS211	01		✓	Principles of Accounting I	3
Total					

Total number of credits before withdrawal _____

Total credits after withdrawal _____

Reason for Withdrawal: _____

Academic Advisor's signature/Date

Student's signature/Date

By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this withdrawal. I have read and understand the University policies with respect to withdrawal and refunds as posted on the Registration Course and Exam Schedules page of the Website. Should the above transaction reflect a credit balance on my student account, I authorize the following:

- Allow credit to remain on my account
- Credit my: MasterCard Visa Discover Account number _____ Exp. date _____
- Mail refund check to the following address: _____

PLEASE RETURN ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING

Copies: White: Registrar's Office Yellow: Business Office