Email to registrar@ndm.edu

(3-5 business day process)

NOTRE DAME OF MARYLAND UNIVERSITY

Institutional Withdrawal Form

* This is for students who want to separate from the University.

Student ID: _____ **Name:** _____
Last First

Advisor: _____

Home or Forwarding Address:

_____ Street / P.O. Box _____ Street / P.O. Box

_____ City _____ State, ZIP

Preferred Phone Number _____

Preferred email address (other than NDMU account) _____

_____ I am NOT registered for any courses
initial

_____ I request permission for a complete withdraw from NDMU
initial

_____ I understand that to continue my studies at NDMU I will have to apply and be readmitted
initial

Reason:

☐ **Academic** ☐ **Administrative** ☐ **Advisor issues** ☐ **Financial aid issues** ☐ **Deceased** ☐ **Personal financial**
☐ **Medical** ☐ **Personal** ☐ **Relocation** ☐ **Want a Co-educational environment** ☐ **Want a location near home**
☐ **Want a major that Notre Dame does not offer (specify)** _____

By my signatures, I request a complete withdrawal from NDMU. I acknowledge my responsibility for payment of the tuition and fees. I have read and understand the University policies with respect to institutional withdrawal.

Student Signature: Date:

Advisor Signature *For administrative processing:* Date:

For Office Use ONLY

Official WD date: ☐ **Date Completed** ☐ **Initials:** ☐

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