



NOTRE DAME
OF MARYLAND
UNIVERSITY

Institutional Withdrawal Form

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

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

Please check your program: ☐ Women's College ☐ College of Adult Undergraduate Studies ☐ Graduate Studies ☐ Pharmacy

Advisor: _____

Home or Forwarding Address:

Street / P.O. Box

Street / P.O. Box

City

State, ZIP

Preferred Phone Number _____ This is: ☐ Home ☐ Cell ☐ Work

I request permission For: ☐ **Complete Withdrawal from NDMU**

Are you currently enrolled for NDMU courses ☐ Yes ☐ No

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) _____

GRADE REPORTS AND TRANSCRIPTS WILL BE ISSUED ONLY IF YOUR ACCOUNT WITH THE UNIVERSITY IS CLEAR.

By my signatures, I request a complete withdrawal from NDMU. I acknowledge my responsibility for payment of 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

Comments: _____

Official WD date: Date Completed Initials:

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

Registrar's Office | 4701 North Charles Street | Baltimore, Maryland 21210 | T 410-532-5327 | www.ndm.edu