

E-Mail to:  
Registrar's Office  
registrar@ndm.edu



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

|                          |
|--------------------------|
| YEAR & SEMESTER<br>_____ |
|--------------------------|

## COURSE WITHDRAWAL FORM

Student ID no. \_\_\_\_\_ Name \_\_\_\_\_  
*Last* *First*

Please check your program:  Women's College  College of Adult Undergraduate Studies  Graduate Studies  Pharmacy  
 MCT  PDI  CASE  Other \_\_\_\_\_

Preferred phone number \_\_\_\_\_ This is:  Home  Cell  Work

- I am withdrawing from all my courses this semester  
 I request permission to withdraw from the following courses: Today's date \_\_\_\_\_

| Course ID                 | Section   | Lab | Auditing | Course title                      | Credit hours | Attended class?  |
|---------------------------|-----------|-----|----------|-----------------------------------|--------------|--|
| <i>Sample:<br/>BUS211</i> | <i>01</i> |     | <i>✓</i> | <i>Principles of Accounting I</i> | <i>3</i>     | <i>✓</i>   |
|                           |           |     |          |                                   |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                           |           |     |          |                                   |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                           |           |     |          |                                   |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                           |           |     |          |                                   |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                           |           |     |          |                                   |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                           |           |     |          |                                   |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                           |           |     |          |                                   |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                           |           |     |          |                                   |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Total number of credits before withdrawal \_\_\_\_\_ Total credits after withdrawal\* \_\_\_\_\_

*\*An institutional withdrawal form has to be completed IF you plan to withdraw from the institution. This form only withdraws you from your active classes.*

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.*

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