



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 City State, ZIP

Preferred Phone Number _____ This is : [] Home [] Cell [] Work

I request permission For: [] Complete Withdrawal from NDMU

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 doesnt offer (specify) _____

GRADE REPORTS AND TRANSCRIPTS WILL BE ISSUED ONLY IF YOUR ACCOUNT WITH THE UNIVERSITY IS CLEAR. ALL SIGNATURES MUST BE OBTAINED BELOW BEFORE PROCESSING OCCURS.

By my signatures I acknowledge my responsibility for Payment of the tution and fees generated my the Institutional Withdrawal. I have read and understand the University policies with respect to institutional withdrawal and refunds as posted on the University Billing, Registration, Course and Exam Schedule webpage.

Student Signature Date Financial Aid Signature Date Business Office Signature Date Academic Advisor/ Director of CAUS/ Graduate Studies/ Dean Signatures Date

For Office Use ONLY

Date Received : [] Date Completed : [] Initials : []

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