



REQUEST TO WITHDRAW
DEGREE/DIPLOMA APPLICATION FORM

This form is used for students who have completed a Degree/Diploma Application and now need to withdraw the application for any reason.

Students who withdraw their Degree/Diploma Applications are required to submit another application for their anticipated graduation term by the appropriate deadline date.

Student Number (UMID): _____

Printed Name: _____

Degree/Diploma Application Withdrawal Term: _____

By signing this form I acknowledge and understand that (1) I am removing my name from the degree/diploma list for the term listed, (2) I will not be graduating in the term listed, and (3) I must complete a new Degree/Diploma Application for the term in which I intend to graduate.

Student Signature

Date

PLEASE FORWARD COMPLETED FORMS TO:

University of Michigan-Dearborn
Office of Registration & Records
1169 UC
4901 Evergreen Rd
Dearborn, MI 48128-2406

Or Fax
University of Michigan-Dearborn
Office of Registration & Records
(313) 593-5697

OFFICE USE ONLY:

Date Processed _____ R&R Staff Initials _____

University Action: _____

