

**UNIVERSITY OF MICHIGAN-DEARBORN
WITHDRAWAL FORM**

*(To Discontinue All Courses for the Semester)
(You are Eligible to Enroll Next Semester)*

Name: _____
Last First Initial Student Number/UMID

Unit: CASL CECS COB SOE COPS GUESTS PE/PDS

Level: Undergraduate Graduate Rackham

Indicate Term: Fall 20____ Winter 20____ Summer 20____

Last Date of Attendance: ____/____/____

Plan To Return: ____/____
Term Year

Reason for Withdrawal:

Financial

Medical

Employment

Transferring To: _____

Other (Reason): _____

Note: Non-attendance does not constitute a drop or withdrawal.

Please read carefully, sign and date below:

Agreement: I am responsible for my enrollment in classes and for the following policies and procedures at the University of Michigan-Dearborn. I must notify Enrollment Services, via the web or in person, to withdraw from the semester or add/drop any classes. I accept responsibility for charges regardless of attendance in class. I have read the Tuition and Fee Payment Policy, online or in the *Schedule of Classes*, which stipulates my payment obligations and the consequences if my account should become delinquent. I have read and understand the policies regarding academic regulations as published in the applicable Catalog and *Schedule of Classes* (along with dates). I recognize I need to retrieve electronic documents from *UM-Dearborn Connect* at <http://web-sis.umd.umich.edu/>, i.e. ebill or 1098-T.

Student Signature

Date

Advisor Signature

Date

For R & R Use Only

Withdrawal Code: _____

Effective Date of Withdrawal ____/____/____

Term Assessment: \$ _____

University Action

Comments: _____

R&R Staff Initials

Date