

**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

Unit: CASL CECS EDUC MGMT 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): _____

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