

University of Detroit Mercy

Total Withdrawal from all courses and the University

Use this form to completely withdraw from the semester and the University.

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Name: Last				First			Middle	
Address: _					0:1		State	
Street				City			Zip	
Telephone: ()				_ Email Add	dress:			
College/School:					uate Student	Graduate Student:		
ArchitectureBusiness AdministrationDental Hygiene			Engineering & Science Health Prof/Nursing Liberal Arts & Education University College			Status: Freshman Sophomore Junior Senior Other		
Drop D	CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Require	d Signature(s)
Acad	ose a reason demic (explair Military cal No longer in ogram Unsati	n below) I of duty terested			Moved .	elow) Away elow)	Me	ss/Uncertainty edical Reason ersonal/Family
Please elal	oorate on you	r reason fo	or withdrawa	ıl:				
If you are w	vithdrawing fr	om course:	s this term,	please ind	licate your la	st date of attendan	ce:	
Nill you be	transferring t	o another	institution?		Yes	No		
f Yes, wha	t institution?							
	do you plan t	o do?						_
i ino, wiial	do you pian t	o do:						

Form Procedures:

- 1. Student completes all sections on the front of this form.
- 2. Student acknowledges policies related to a semester/complete withdrawal from the University on the back of this form by signing where indicated.
- 3. Student obtains signatures from all required departments.
- 4. Student submits form to Office of the Registrar for processing.

I understand and acknowledge the following:

- By completing this form, I am authorizing the Office of the Registrar to drop all enrolled courses for the semester identified on this form, and drop any courses registered in a future semester.
- By dropping course(s) after the 100% drop period, a grade of "W" will be assigned to the course(s) on my transcript. This date appears in the schedule of classes for each course.
- A semester withdrawal will affect the following:
 - Scholarship/Financial Aid Students receiving any scholarships or financial aid should consult with the Financial Aid office on how they will be impacted by a withdrawal.
 - Tuition charges Students should reference the tuition refund policy found at: https://www.udmercy.edu/sao/refunds/
 - Visa Status International students must consult with the International Services Office (ISO) regarding their withdrawal.
 - Housing Students residing in on-campus housing should consult with the Residence Life Office

Are you receiving financial aid/scholarship? Yes No					
Do you live in the Residence Halls? Are you a Student Athlete? Are you a Student Athlete? Are you an International Student? Are you an International Student? Are you an International Student? I understand that I will be required to pay tuition and fees based on University of Detroit Mercy's published refund policy and the withdrawal date on this form and that notice of my withdrawal will be shared with other offices on campus. Student Signature: Deans Office Signature: Deans Office Signature: Deans Office Signature: Date: Pate: P	Are you receiving financial aid/scholarship?	Yes	No		
Are you a Student Athlete? Athletic Compliance Officer's Signature: Date: Are you an International Student? International Services Office Signature: I understand that I will be required to pay tuition and fees based on University of Detroit Mercy's published refund policy and the withdrawal date on this form and that notice of my withdrawal will be shared with other offices on campus. Student Signature: Deans Office Signature: Deans Office Signature: Date: Date: Page office Signature: Date: Date: Ves No (If yes, obtain required signature signature signature signature signature) Date: Date: Page office of my withdrawal will be shared with other offices on campus.	Are you receiving VA Benefits?	Yes	No		
Athletic Compliance Officer's Signature:	Do you live in the Residence Halls?	Yes	No		
Are you an International Student? Yes No (If yes, obtain required signature International Services Office Signature: Date: Date: I understand that I will be required to pay tuition and fees based on University of Detroit Mercy's published refund policy and the withdrawal date on this form and that notice of my withdrawal will be shared with other offices on campus. Student Signature: Date: Deans Office Signature: Date: If your plans in the future change, contact your college office regarding possible readmission to the Univer You will be contacted regarding an exit interview.	Are you a Student Athlete?	Yes	No	(If yes, ol	otain required signature)
I understand that I will be required to pay tuition and fees based on University of Detroit Mercy's published refund policy and the withdrawal date on this form and that notice of my withdrawal will be shared with other offices on campus. Student Signature: Date: Required Signatures: Deans Office Signature: Date: Date: Vou will be contacted regarding an exit interview.	Athletic Compliance Officer's Signature:			Date:	
I understand that I will be required to pay tuition and fees based on University of Detroit Mercy's published refund policy and the withdrawal date on this form and that notice of my withdrawal will be shared with other offices on campus. Student Signature: Date: Deans Office Signature: Date: Date: Date: You will be contacted regarding an exit interview.	Are you an International Student?	Yes	No	(If yes, ol	btain required signature)
refund policy and the withdrawal date on this form and that notice of my withdrawal will be shared with other offices on campus. Student Signature: Date: Required Signatures: Deans Office Signature: Date: If your plans in the future change, contact your college office regarding possible readmission to the Univer You will be contacted regarding an exit interview.	International Services Office Signature:			Date:	
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If your plans in the future change, contact your college office regarding possible readmission to the Univer You will be contacted regarding an exit interview.	Required Signatures:				
You will be contacted regarding an exit interview.	Deans Office Signature:	Date:			
	If your plans in the future change, contact your co			ام المعاملة	
Office of the Registrar 09/16 Office Use Only		ollege office re	garding possib	ie readmis	sion to the University.
	You will be contacted regarding an exit interview.	-	garding possib	ie readmis:	sion to the University.