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

Student ID Number: T0_________________
Semester of Withdrawal: □ Fall □ Winter □ Summer 20_____

Name: ______________________________________________________________________________________
Last                                                                   First
Middle

Address: ______________________________________________________________________________________
Street                                                                        City
State                 Zip

Telephone: (        ) ________________________

Email Address: ______________________________

College/School: Undergraduate Student
Graduate Student: _______
Status:
 Architecture
 Business Administration
 Dental Hygiene
 Engineering & Science
 Health Prof/Nursing
 Liberal Arts & Education
 University College
 Freshman
 Sophomore
 Junior
 Senior
 Other

Drop CRN Subject Course Number Section Credit Hours Days/Time Required Signature(s)

Please choose a reason for your withdrawal:

Academic (explain below) Financial (explain below) Job Loss/Uncertainty
Military call of duty Moved Away Medical Reason
No longer interested Other (explain below) Personal/Family
Program Unsatisfactory

Please elaborate on your reason for withdrawal:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

If you are withdrawing from courses this term, please indicate your last date of attendance: ______________

Will you be transferring to another institution? Yes ______   No ______

If Yes, what institution? ________________________________________________

If No, what do you plan to 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/](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 _____
Are you receiving VA Benefits?  Yes _____  No _____
Do you live in the Residence Halls?  Yes _____  No _____
Are you a Student Athlete?  Yes _____  No _____  (If yes, obtain required signature)
Athletic Compliance Officer’s Signature: ________________________________  Date: ______________

Are you an International Student?  Yes _____  No _____  (If yes, obtain required signature)
International Services Office 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: __________________

Required Signatures:

Deans Office Signature: ________________________________  Date: __________________

If your plans in the future change, contact your college office regarding possible readmission to the University.

You will be contacted regarding an exit interview.

Office of the Registrar 09/16