

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

Student ID I	Number: 10			Semester	of Withdraw		ter 🗆 Sum	mer 20	
Name:			First				 Middle		
Address:Street			City			;	State	Zip	
Telephone:	()			E	Email Addre	ss:			
Drop D	CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Req	uired Signature(s)	
Academic (ex Military call of No longer inte Program Uns	duty erested		M O	nancial (ex oved Away ther (explai			Job Loss/I Medical R Personal/F		
-	ithdrawing fro				te your last	date of attendance:			
If Yes, what	institution?							<u> </u>	
If No, what of	do you plan t	o do?						_	
Form Proce	dures.								

- 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	_	
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, o	obtain required signature)
Athletic Compliance Officer's Signature:			Date: _	
Are you an International Student?	Yes	No	_ (If yes, o	obtain required signature)
International Services Office Signature:			Date: _	
I understand that I will be required to pay tuition an refund policy and the withdrawal date on this form offices on campus.		_		-
Student Signature:				
Required Signatures:				
Deans Office Signature:	Dat	e:		
If your plans in the future change, contact your co	llege office r	egarding possil	ole readmis	ssion to the University.
You will be contacted regarding an exit interview.				
Office of the Registrar 08/24				Office Use Only