



NOTRE DAME
OF MARYLAND
UNIVERSITY

YEAR & SEMESTER

COURSE WITHDRAWAL FORM

Student ID no. _____ Name _____
Last *First*

Please check your program: Women's College College of Adult Undergraduate Studies Graduate Studies Pharmacy
 MCT PDI CASE Other _____

Preferred phone number _____ This is: Home Cell Work

- I am withdrawing from all my courses this semester
- I request permission to withdraw from the following courses: Today's date _____

Course ID	Section	Lab	Auditing	Course title	Credit hours	Attended class?
<i>Sample: BUS211</i>	<i>01</i>		<input checked="" type="checkbox"/>	<i>Principles of Accounting I</i>	<i>3</i>	<input checked="" type="checkbox"/>
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of credits before withdrawal _____ Total credits after withdrawal* _____

**An institutional withdrawal form has to be completed IF you plan to withdraw from the institution. This form only withdraws you from your active classes.*

Reason for Withdrawal: _____

Academic Advisor's signature *Date* *Student's signature* *Date*

By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this withdrawal. I have read and understand the University policies with respect to withdrawal and refunds as posted on the Registration Course and Exam Schedules page of the website.

Should the above transaction reflect a credit balance on my student account, I authorize the following:
 Allow credit to remain on my account
 Credit my: MasterCard Visa Discover Account number _____ Exp. date _____
 Mail refund check to the following address: _____

PLEASE RETURN ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING
Copies: White: Registrar's Office Yellow: Business Office