



YEAR & SEMESTER _____
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NOTRE DAME  
 OF MARYLAND  
 UNIVERSITY

## 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>		<i>✓</i>	<i>Principles of Accounting I</i>	<i>3</i>	<i>✓</i>
						<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: \_\_\_\_\_  
 \_\_\_\_\_

*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.*

*Refund schedule: refund dates are noted on the academic calendar at <http://ndm.edu/academic-calendar>. Refund and withdrawal policies can be found at <http://ndm.edu/business-office/tuition-fees>.*

*Financial Aid - Your award may be reduced if you receive financial aid and withdraw from classes.*

*I understand and accept the responsibility these changes will have on achieving my educational goals.*

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