



YEAR & SEMESTER _____

NOTRE DAME
 OF MARYLAND
 UNIVERSITY

COURSE WITHDRAWAL FORM

Student ID no. _____ Name _____
Last *First*

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