



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

**Institutional Resignation Form**

This form is for students who want to resign from all courses in present term.

**Student ID :** \_\_\_\_\_ **Name :** \_\_\_\_\_  
Last First

Please check your program:  Women's College  College of Adult Undergraduate Studies  Graduate Studies  Pharmacy

**Advisor :** \_\_\_\_\_

Home or Forwarding Address :

\_\_\_\_\_  
Street / P.O. Box Street / P.O. Box  
 \_\_\_\_\_  
City State, ZIP

Preferred Phone Number \_\_\_\_\_ **This is :**  Home  Cell  Work

I request permission to Resign from all my enrolled courses:  Fall  Spring  Summer, **Year** \_\_\_\_\_

**Reason for Resignation :**

- Academic  Administrative  Advisor issues  Financial aid issues  Medical  Personal financial  
 Personal  Relocation  \_\_\_\_\_

**GRADE REPORTS AND TRANSCRIPTS WILL BE ISSUED ONLY IF YOUR ACCOUNT WITH THE UNIVERSITY IS CLEAR.**

**ALL SIGNATURES MUST BE OBTAINED BELOW BEFORE PROCESSING OCCURS.**

**Resignation effects All course Registrations, Tuition paid may not be refunded. A request to resign may be requested up to the last day of the semester.**

**By my signatures I acknowledge my responsibility for payment of the tuition and fees generated by my Resignation. I have read and understand the University policies with respect to resign and refunds as posted on the University Billing, Registration, Course and Exam Schedule webpage. I acknowledge that I have met with the Financial Aid office to discuss any impact to my current or future aid.**

_____ Student Signature	_____ Date
_____ Financial Aid Signature	_____ Date
_____ Business Office Signature	_____ Date
_____ Academic Advisor/ Director of CAUS/ Graduate Studies/ Dean Signatures	_____ Date

**For Office Use ONLY**

<b>Date Received :</b> <input type="text"/>	<b>Date Completed :</b> <input type="text"/>	<b>Initials :</b> <input type="text"/>
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**PLEASE RETURN/SUBMIT ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING.**