

WITHDRAWAL FORM
Last Name _____ **First Name** _____ **MI** _____ **UMID** _____

College: CASL CECS CEHHS COB PE/PDS Guest
Level: Undergraduate Graduate Doctorate
I am currently enrolled:
Withdraw me from:
(check one or more) Fall Winter Summer Year _____

I plan to return: Fall Winter Summer Year _____

I do not plan to return:
I am not currently enrolled:
IF NOT CURRENTLY ENROLLED, this form can be submitted by the student or the student's academic unit.
NOTE: If you are currently enrolled and do not plan to return OR you are not currently enrolled:

- Your student record will be deactivated
- If you choose to return to UM-Dearborn, you will need to reapply for Readmission to UM-Dearborn
- Students who are readmitted more than 12 months after deactivation are subject to follow the most current version of the curriculum. Those who are readmitted within 12 months of deactivation will be able to pursue their original curriculum plan.

Reason For Withdrawal:

- | | |
|---|---|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Academic Issues |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Preferred Degree/Major Not Available |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Program Flexibility and Options |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Class Availability (days, times) |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Military Deployment |
| <input type="checkbox"/> Transferring To: _____ | |
| <input type="checkbox"/> Other (Reason) _____ | |
| <input type="checkbox"/> or Comments _____ | |

Note: Non-attendance does not constitute a drop or withdrawal.
Please read carefully, sign and date below:
Agreement: I am responsible for my enrollment in classes and for the following policies and procedures at the University of Michigan-Dearborn. I must notify the Office of the Registrar via registrars@umich.edu or One Stop Student Services (1130 University Center) to withdraw from the semester or add/drop any classes. I accept responsibility for charges regardless of attendance in class. I have read the Tuition and Fee Payment Policy which stipulates my payment obligations and the consequences if my account should become delinquent. I have read and understand the policies regarding academic regulations as published in the applicable University Catalog. I recognize I need to retrieve electronic documents from My UM-Dearborn, i.e. ebill or 1098-T.

Student's Signature _____

Date _____

For Academic Advising Use Only
 Administrative Action Comments _____

Advisor Signature _____ **Date** _____

For Registrar's Office Use Only
Effective Date of Withdrawal _____

Withdrawal Code AW WD W1 W2 W4
RO Staff Initials _____ **Date** _____