Request for Term Withdrawal  
(Use for Current Term Only)*

*For Retroactive Term Withdrawals you must first speak to an Academic Standards Board member.

**Request for Term and Year:** ________________________________

**Date you last attended classes for this term:** ________________________

**Reason you are withdrawing:**

☐ Academic  ☐ Personal
☐ Financial  ☐ Work
☐ Medical  ☐ Other (specify) ______________________

**Do you have any incompletes from your last term of enrollment?**  
☐ Yes  ☐ No

**Are you currently on any academic probation?**  
☐ Yes  ☐ No

**Are you on financial aid?**  
☐ Yes  ☐ No

☐ If yes, have you spoken with the Financial Aid Office?  
☐ Yes  ☐ No

**Are you in a Residence Hall or Family Housing?**  
☐ Yes  ☐ No

☐ If yes, have you spoken with your Hall Director or the Housing Office at 1011 Student Activities Building?  
☐ Yes  ☐ No

**Have you contacted your instructors?**  
☐ Yes  ☐ No

☐ If no, please notify your instructors via email of your withdrawal (only if withdrawing after 3 weeks in a full term or 2 weeks in a half term)

**Is this your first term at the University?**  
☐ Yes  ☐ No

☐ If yes, you must contact the Office of Admissions regarding any future terms of admission (only if withdrawing in the first 3 weeks in a full term or 2 weeks in a half term)

**Are there any family members or guardians who need to know about your withdrawal (e.g. due to health insurance coverage)?**  
☐ Yes  ☐ No

☐ If yes, please be sure to speak with them before finalizing the withdrawal

I realize that I am responsible for fees as a result of this withdrawal.

**Student’s Signature:** ____________________________________________

**Student’s Printed Name:** __________________________________________

**Student’s Email Address:** __________________________________________

**Student’s UMID Number:** ______________________  **Date:** ______________________

Return completed form to 1255 Angell Hall

☐ For Office Use Only
**STUDENT NAME _____________________________            UMID NUMBER ________________________**

**THIS SECTION MUST BE FILLED OUT BY THE INSTRUCTOR**

**AFTER** 3 weeks in a full term or 2 weeks in a half term

If not completed the Term Withdrawal **CANNOT** be Processed

_Students must obtain this information from EACH course in which they are Registered_

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**Student’s Last Date of Participation**

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Instructor’s Name

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Signature

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Email

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