

Student Name: \_

## Withdrawal Form

In order to withdraw from a program or the University, the following form must be completed and returned to your academic advisor in person or by email <a href="mailto:advising@muih.edu">advising@muih.edu</a>. Please indicate the type of withdrawal you are requesting below and the reason.

Withdrawal from your program may have financial implications. Student utilizing federal financial aid should contact the Office of Financial Aid <a href="mailto:financialaid@muih.edu">financialaid@muih.edu</a> or the Finance Office <a href="mailto:studentaccounts@muih.edu">studentaccounts@muih.edu</a> for information about refunds. If you seek to re-enter MUIH, you must reapply and meet all admission requirements at that time. Readmission is not guaranteed.

Student ID Number:

Trimester withdrawing from:   Fall 20	Spring 20	□ Summer 20
□ Program Withdrawal:		
(Program Name)		
By withdrawing from a single program, all academic courses you are currently registered for associated with that program will be removed from your schedule. List the courses below which you would like to withdraw from.		
1)2)	3)	_ 4)
☐ University Withdrawal		
By withdrawing from the University, you will be removed from all programs you have been accepted into. You will also be withdrawn from all associated academic courses that you are currently registered for. Please reference the refund policy and speak with the Office of Financial Aid regarding any questions pertaining to your aid package.		
Reason for Leaving MUIH: Please Indicate the Reason		
☐ Transferring to another institution ☐ Transferring to another MUIH program ☐ Financial		
☐ Change in Academic Plan/Career Goals	☐ Moving	
☐ Personal: Not the Right Time	☐ Medical: Personal or Fa	amily
□ COVID-19 (you may be required to fill out additional documentation)		
☐ Military Service ☐ Other:		
Is there anything else you would like to share about your experience at MUIH?		
Financial Terms and Conditions		
By checking here I understand that even though I am withdrawing from MUIH, I am responsible for all outstanding financial obligations to the University. I have contacted the Financial Aid Office ( <u>financialaid@muih.edu</u> ) or the Finance Office ( <u>studentaccounts@muih.edu</u> ) to discuss my financial obligations and repayment options.		
Student Signature:	Date:	
Academic Advisor Signature:	Date:	