



Institutional Withdrawal Form

* This is for students who want to separate from the University.

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 For: Complete Withdrawal from NDMU

Are you currently enrolled for NDMU courses Yes No

Reason:

- Academic Administrative Advisor issues Financial aid issues Deceased Personal financial
- Medical Personal Relocation Want a Co-educational environment Want a location near home
- Want a major that Notre Dame does not offer (specify) _____

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

By my signatures, I request a complete withdrawal from NDMU. I acknowledge my responsibility for payment of tuition and fees. I have read and understand the University policies with respect to institutional withdrawal.

Student Signature: _____ Date _____

For Office Use ONLY

Comments: _____

Official WD date:	<input style="width: 90%;" type="text"/>	Date Completed	<input style="width: 90%;" type="text"/>	Initials:	<input style="width: 90%;" type="text"/>
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PLEASE RETURN/SUBMIT THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING.