THE UNIVERSITY OF MICHIGAN-FLINT
OFFICE OF THE REGISTRAR

WITHDRAWAL FORM

PLEASE PRINT

NAME _____ **SS#** _____ **MAJOR** _____ **TERM** _____

ADDRESS _____
Street City State Zip Phone

Please check one of the following:
_____ I have attended at least one of my registered classes this term. Last date of attendance _____
_____ I have not attended any of my registered classes this term.

If you are receiving Financial Aid, you must notify the Financial Aid Office of your decision before disenrolling.

Would it be useful to discuss your disenrollment with someone in the Academic Advising Center? YES ____ NO ____ (Graduate student with questions and/or problems, please contact the Office of Graduate Programs, 221 French Hall or call (810) 762-3171).

For what reason(s) are you leaving? (Please check all that apply)

____ Work Responsibilities
____ Personal/Family
____ Financial
____ Dissatisfied with policies & procedures
____ Health
____ Housing
____ Dissatisfied with academic progress
____ Transferring to _____

Do you plan to return to UM-Flint? YES ___ NO ___ If yes, when _____

If not, why? _____

_____

I accept and understand all fees that are associated with this disenrollment.

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY BANNER _____ SA HOLD _____ INITIAL _____

CC: ACADEMIC ADVISING CENTER
FINANCIAL AID

June 2018

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