

**THE UNIVERSITY OF MICHIGAN-FLINT
OFFICE OF THE REGISTRAR**

WITHDRAWAL FORM

PLEASE PRINT

NAME _____ **UMID#** _____ **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

_____ Health

_____ Personal/Family

_____ Housing

_____ Financial

_____ Dissatisfied with academic progress

_____ Dissatisfied w/ policies & procedures

_____ 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

I-Drive\Secure Folder\Procedures Manual\Office Procedures\Registrar Forms\Withdrawal Form 2018