UNIVERSITY of MARYLAND
GRADUATE SCHOOL

WITHDRAWAL

Purpose: This form is to be used by students who want to withdraw from:
ALL registered courses after the term has begun,
the ONLY registered course after the term has begun, and/or
the University of Maryland, Baltimore Graduate School prior to degree completion.

Please review the "Registration, Enrollment & Grades" section of the Graduate School Catalog and the semester calendar http://graduate.umaryland.edu/Current-Students/Academics/ for more information. For withdrawal from the university, this form may be submitted at any time.

Instructions:

1. Understand that requesting a withdrawal may affect your: full-time student status, student health insurance coverage, and/or student loan deferment, if applicable. You are encouraged to consider how these matters will impact you before submitting this form for processing. Student Accounting can answer questions about tuition/fee refunds and student health insurance coverage. Your lender/loan servicer or the Office of Student Financial Aid and Assistance can answer questions regarding loan deferment.
2. Complete all relevant sections of this form and sign where indicated.
3. Obtain a signature from your Graduate Program Director (GPD).
4. Submit the signed form to: gradforms@umaryland.edu, (fax) 410-706-3473, or 620 W Lexington St 5th Floor.

STUDENT ID: @00 _____ **TERM & YEAR OF WITHDRAWAL:** _____

NAME (LAST, FIRST): _____ **PROGRAM:** _____

UMB E-MAIL: _____

ACTION (Check one): ☐ Withdrawal from term ☐ Withdrawal from University of Maryland, Baltimore Graduate School

Reason(s) for withdrawal from graduate studies:

☐ Financial ☐ Travel
☐ Medical ☐ Other
☐ Personal

Attestation:

By submitting this form, the student understands and acknowledges that she/he is:

* financially liable for tuition and fees. Any applicable refund is based on the date the signed form is received by the Graduate School and the published refund schedule.
* responsible for obtaining information regarding full-time student status, student health insurance coverage, and student loan deferment, if applicable.

Student's Signature: _____ Date: _____

Approval:

Comments: _____

GPD's Signature: _____ Date: _____

Submit to the Graduate School: gradforms@umaryland.edu • Fax: 410-706-3473 • 620 W Lexington St 5th Floor

If you require special accommodations or services, please notify your department and the Office of Educational Support and Disability Services at 410-706-3100 or 800-735-2258 TTY/Voice.

For Graduate School Use Only:

Processed by: _____ Date: _____