



UNIVERSITY of MARYLAND  
EASTERN SHORE

OFFICE OF THE REGISTRAR

APPLICATION FOR WITHDRAWAL FROM THE UNIVERSITY

I, \_\_\_\_\_, ID # \_\_\_\_\_, am a  Commuter  Resident student requesting to **withdraw** from the University for the following term(s):

Check all that apply.

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_ II \_\_ III \_\_  
Year Year Year Year

Reason(s) for withdrawal: Financial \_\_\_\_\_ Transfer \_\_\_\_\_ Military \_\_\_\_\_ Medical \_\_\_\_\_

Other (please explain): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street

City

State

Zipcode

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Major: \_\_\_\_\_ Classification: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

SIGNATURES SHOULD BE OBTAINED IN THE FOLLOWING ORDER

1. \_\_\_\_\_ Date  
Office of Retention  
SDC 2<sup>nd</sup> Floor-Room 2200

2. \_\_\_\_\_ Date  
Department Chair

3. \_\_\_\_\_ Date  
Provost/VP for Academic Affairs  
JT Williams 3<sup>rd</sup> Floor-Room 3111

4. \_\_\_\_\_ Date  
Office of Financial Aid  
SDC 1<sup>st</sup> Floor-Room 1100

5. \_\_\_\_\_ Date  
Office of Residence Life

6. \_\_\_\_\_ Date  
University Post Office

7. \_\_\_\_\_ Date  
VP for Administrative Affairs  
JT Williams 1<sup>st</sup> Floor-Room 1106

8. \_\_\_\_\_ Date  
Office of the Registrar  
SDC 1<sup>st</sup> Floor-Room 1120

Comments: \_\_\_\_\_

\_\_\_\_\_