



UNIVERSITY of MARYLAND  
EASTERN SHORE

OFFICE of the REGISTRAR

Student Development Center, Room 1120 | 1 Backbone Road | Princess Anne, Maryland 21853  
[registrar@umes.edu](mailto:registrar@umes.edu) | Phone: (410) 651-6413/6414 | Fax: (410) 651-7844

University Withdrawal Form

Withdrawal is defined as the cancellation of all enrollment within a semester. Withdrawal affects a student's academic progress, as well as financial aid for the semester withdrawn and for future semesters. **Students should consult with their advisor(s) AND the [Office of Student Financial Aid](#) BEFORE withdrawing.**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Student Phone (\_\_\_\_\_) \_\_\_\_\_ Student Email \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Student Type (check all that apply):  Commuter  Resident  Athlete  Veteran  International

Semester:  Fall 20\_\_\_\_  Spring 20\_\_\_\_ Summer  10wk  5wk 1  5wk 2 20\_\_\_\_  Winter 20\_\_\_\_  
Year Year Year Year Year

Major \_\_\_\_\_ Classification:  Freshman  Sophomore  
 Junior  Senior

I am withdrawing for the following reason(s):  Financial  Military  Medical  Transfer  Other

Other, please explain: \_\_\_\_\_

My signature below confirms my consent to withdraw from the semester indicated above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Required Signatures

(to be acquired in the numerical order presented below)

- |  |  |
|--|--|
| 1. _____<br>Advisor* Date<br>Student Development Center (SDC), Rm. 2200 <u>or</u> Department | 2. _____<br>Department Chair <u>or</u> Designate Date  |
| 3. _____<br>Athletics Advisor/Representative Date<br>(ONLY if a current athlete)             | 4. _____<br>Office of Student Financial Aid Staff Date<br>Student Development Center (SDC), Rm. 1100             |
| 5. _____<br>Office of Residence Life Representative Date<br>(ONLY if a residential student)  | 6. _____<br>VP/Administrative Affairs <u>or</u> Designate Date<br>J.T. Williams, 1 <sup>st</sup> Floor, Rm. 1106 |
| 7. _____<br>University Post Office Date  | 8. _____<br>Office of the Registrar Date<br>Student Development Center (SDC), Rm. 1120                           |

\*Freshman/Sophomores, see Center for Access & Academic Success (CAAS) advisor; Juniors/Seniors, see departmental advisor