

Withdrawal Notice

Notification of your intention to withdraw from the University.

Name: _____
Last First Middle

Student ID Number: _____

Local Address: _____
Street / Residence Hall
City State Zip/Postal Code

Mailing Address: _____
Street
City State Zip/Postal Code

Telephone Number: _____

Last Day of Attendance: _____ Residence Hall Departure Date: _____

Major: _____

Class Level: _____ Current GPA: _____

Advisor's Name: _____

I Receive V.A. Educational Benefits: ___ Yes ___ No

I am planning to return next semester: ___ Yes ___ No

Withdrawal Reason: Financial
Employment
Illness - Family
Illness - Self
Marriage
Pregnancy
Death in Family
Personal
Non-adaptation
Military
Question why you are here
Transfer - Within UMaine System
Transfer - Outside UMaine System
Exchange Program
Other _____

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Waived appointment with a counselor: ___ Yes ___ No

OFFICE USE ONLY

Received in Registrar's Office on: _____ Received by: _____

Provost approval (late withdrawal only): _____ Date: _____

CC :Business Office, Financial Aid, Student Life (if resident)