## New Student Withdrawal/Deferral Request

This form should be used for students who have confirmed for the pending trimester, but wish to withdraw or defer their acceptance. The withdrawal or deferral request can be processed by the Office of Graduate Admissions any time before the trimester begins, up until the end of the first week of the trimester. After the first week of the trimester the student must withdraw from their program through their Academic Advisor and Office of the Registrar.

Student Name:		Student ID			
_					
Program	Accepted To:				
☐ Please	defer my acceptance to:   Graph Fig. 1.   Graph Fig. 2.   Graph Fig. 3.   Graph Fig. 4.   Grap	all 🗖 Spring	□ Summe	r	
program is starting	n only be deferred once per application g on your chosen deferral term by refedu/admissions/application-process/p	erencing MUIH's Program		verify your	
Aid cannot be use complete the next	or deferred acceptances must be paid d to pay a tuition deposit – <u>if the tuiti</u> section to indicate how you will be p e Office of Graduate Admissions recei	on deposit was originally aying the required tuition	processed with Financia deposit. Your deferral v	l Aid, please	
Updated Tuition Deposit Payment Information					
Tuition Deposit: Amount \$ ☐ Check (enclo			sed) 🗖 Credit Card Payment		
I authorize Maryland University of Integrative Health to charge \$ to this credit card:					
☐ Visa ☐ MasterCard					
	Account number:				
	Expiration date (month/year)	3-digit Secur	ity Code		
Name on the card (please print legibly)					
	Cardholder Signature		 Date		
☐ Please with	draw my acceptance.				
Upon withdrawal f	from a program, an applicant's record f. Withdrawn applicants will have to re neet all admissions requirements at th	eapply for any future trim	ester and program they	wish to attend	
Student Signature			Date		