



Academic Advising
 410-888-9048
 410-888-9278 (fax)
AcademicAdvising@muih.edu

Monday-Friday
 9a.m. – 5p.m.

Withdrawal Form

In order to withdraw from a program or the University, the following form must be completed and returned to your academic advisor in person, by fax, or by email. Please indicate the type of withdrawal you are requesting below and also the reason for your withdrawal.

Withdrawal from your program may have financial implications. Please speak with the Office of Financial Aid and reference the University's refund policy online at: <http://www.muih.edu/admissions/financial-aid/refund-policy>. If you seek to reenter MUIH, you must reapply and meet all admission requirements at that time. Readmission is not guaranteed.

Student Name: _____

Student ID Number: _____

Trimester withdrawing from: Fall 20____ Spring 20____ Summer 20____

Program Withdrawal: _____
(Program Name)

By withdrawing from a single program, all academic courses you are currently registered for associated with that program will be removed from your schedule. Please reference the refund policy and speak with the Office of Financial Aid regarding any questions pertaining to your aid package.

University Withdrawal

By withdrawing from the University, you will be removed from all programs you have been accepted into. You will also be withdrawn from all associated academic courses that you are currently registered for. Please reference the refund policy and speak with the Office of Financial Aid regarding any questions pertaining to your aid package.

Reason for Withdrawal - Please indicate the reason for your withdrawal:

<input type="checkbox"/> Transferring to another institution	<input type="checkbox"/> Wrong program	<input type="checkbox"/> Child Care
<input type="checkbox"/> Moving	<input type="checkbox"/> Financial	<input type="checkbox"/> Transportation
<input type="checkbox"/> Medical	<input type="checkbox"/> Personal	<input type="checkbox"/> Employment
<input type="checkbox"/> Academic	<input type="checkbox"/> Military Service	<input type="checkbox"/> Other:

Please explain if other: _____

Student Signature: _____ Date: _____

Administrative Use Only Received COS Submitted

Advisor's Signature: _____ Date: _____

Distribution List: **Registrar** **Finance** **Financial Aid** **Academic Department**