



I understand and acknowledge the following:

By completing this form, I am authorizing the Office of the Registrar to drop all enrolled courses for the semester identified on this form, and drop any courses registered in a future semester.

By dropping course(s) after the 100% drop period, a grade of "W" will be assigned to the course(s) on my transcript. This date appears in the schedule of classes for each course.

A semester withdrawal will affect the following:

Scholarship/Financial Aid – Students receiving any scholarships or financial aid should consult with the Financial Aid office on how they will be impacted by a withdrawal.

Tuition charges – Students should reference the tuition refund policy found at:

<https://www.udmercy.edu/sao/refunds/>

Visa Status – International students must consult with the International Services Office (ISO) regarding their withdrawal.

Housing – Students residing in on-campus housing should consult with the Residence Life Office

Are you receiving financial aid/scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you receiving VA Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you live in the Residence Halls? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Student Athlete? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, obtain required signature)

Athletic Compliance Officer's Signature: \_\_\_\_\_

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

Are you an International Student? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, obtain required signature)

International Services Office Signature: \_\_\_\_\_

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

**I understand that I will be required to pay tuition and fees based on University of Detroit Mercy's published refund policy and the withdrawal date on this form and that notice of my withdrawal will be shared with other offices on campus.**

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

**Required Signatures:**

Deans Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

