

University of Maryland Baltimore
Graduate School

NOTICE OF WITHDRAWAL FROM GRADUATE STUDIES

Please review the 'Enrollment and Registration' section of the Graduate School Catalog before completing this form.

Use this form only if you are dropping all courses in the current semester and/or terminating your graduate studies at the University of Maryland Baltimore prior to the completion of your degree.

Please Type or Print

Last Name: _____ First Name: _____ MI: ____

Student Number or SSN: _____

Current Address: _____

Email Address: _____

Reason(s) for Withdrawal

- Financial
- Medical
- Personal
- Travel
- Other _____

Effective Semester _____ Year _____

Acknowledgement/Approvals – Please print and sign

Student:	Signature:	Date:
Graduate Program Director:	Signature:	Date:
Graduate School:	Signature:	Date:

Should you require special accommodations or services, please notify your department and the Office of Student Services at 410-706-7117/7714 (voice/TDD)