



**Purpose:** This form is to be used by students who want to withdraw from:  
 ALL registered courses after the term has begun,  
 the ONLY registered course after the term has begun, and/or  
 the University of Maryland, Baltimore Graduate School prior to degree completion.

Please review the “Registration, Enrollment & Grades” section of the Graduate School Catalog and the semester calendar <http://graduate.umaryland.edu/Current-Students/Academics/> for more information. For withdrawal from the university, this form may be submitted at any time.

**Instructions:**

1. Understand that requesting a withdrawal may affect your: full-time student status, student health insurance coverage, and/or student loan deferment, if applicable. You are encouraged to consider how these matters will impact you before submitting this form for processing. Student Accounting can answer questions about tuition/fee refunds and student health insurance coverage. Your lender/loan servicer or the Office of Student Financial Aid and Assistance can answer questions regarding loan deferment.
2. Complete all relevant sections of this form and sign where indicated.
3. Obtain a signature from your Graduate Program Director (GPD).
4. Submit the signed form to: [gradforms@umaryland.edu](mailto:gradforms@umaryland.edu), (fax) 410-706-3473, or 620 W Lexington St 5<sup>th</sup> Floor.

STUDENT ID: \_\_\_\_\_ @00 \_\_\_\_\_ TERM & YEAR OF WITHDRAWAL: \_\_\_\_\_

NAME (LAST, FIRST): \_\_\_\_\_ PROGRAM: \_\_\_\_\_

UMB E-MAIL: \_\_\_\_\_

ACTION (Check one):  Withdrawal from term  Withdrawal from University of Maryland, Baltimore Graduate School

Reason(s) for withdrawal from graduate studies:

- Financial  Travel  
 Medical  Other  
 Personal

**Attestation:**

By submitting this form, the student understands and acknowledges that she/he is:

- \* financially liable for tuition and fees. Any applicable refund is based on the date the signed form is received by the Graduate School and the published refund schedule.
- \* responsible for obtaining information regarding full-time student status, student health insurance coverage, and student loan deferment, if applicable.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

Comments: \_\_\_\_\_

GPD’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to the Graduate School: [gradforms@umaryland.edu](mailto:gradforms@umaryland.edu) • Fax: 410-706-3473 • 620 W Lexington St 5<sup>th</sup> Floor

If you require special accommodations or services, please notify your department and the Office of Educational Support and Disability Services at 410-706-3100 or 800-735-2258 TTY/Voice.

For Graduate School Use Only:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_