

**OFFICIAL WITHDRAW FORM**  
*For Graduate Students Only*

NAME: \_\_\_\_\_

STUDENT ID (M#): \_\_\_\_\_

Please check if new mailing address

MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I PLAN TO WITHDRAW FROM MILLERSVILLE UNIVERSITY ON:

\_\_\_\_\_ DATE

<b>Current Enrollment Status</b>	
_____	Not registered for classes
_____	Registered for: Fall _____ Spring _____ Summer _____

<b>NOTE:</b> Contact your financial aid counselor prior to submitting this form to determine how withdrawing might affect your student account.	
<b>Stafford Loan</b>	___ YES ___ NO
<b>Perkins Loan</b>	___ YES ___ NO
<b>VA Benefits</b>	___ YES ___ NO

**NOTE:** Spring /Fall terms - Grades of "W" will be assigned to students who withdraw between the 2<sup>nd</sup> and 10<sup>th</sup> week of class. Regular letter grades will be assigned from the faculty to students whose form is received after the deadline to withdraw from a class. For information on the winter & summer terms please contact the registrar's office.

**Students withdrawing from the university and planning to re-enroll at some future date will be required to submit an application for re-admission to the College of Graduate and Professional Studies.**

As a graduate student, you are allowed five years from your term of admission to complete your program with no obligation to register in any given term. If you plan to complete your program within your five year admission term, do not submit this form.

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

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**OFFICIAL USE ONLY**

OFFICIAL DATE OF WITHDRAW:
MEDICAL:     ___ YES     ___ NO
PROCESSED BY: _____
DATE: _____

<b>SCHEDULE ACTION (REGISTRAR):</b>	
_____ COURSES DROPPED	_____ TERM
_____ "W" RECORDED	
_____ FINAL GRADE WILL BE ASSIGNED	