INTENT TO WITHDRAW

Use this form to:

1. Withdraw from all course elections in a given term once University classes have begun for the term
2. Withdraw from all course elections in a given term except SW 510 (this course ends before the term begins)
3. Withdraw from the MSW program in a subsequent term even if not yet registered/enrolled in that term

Please contact the Assistant Dean or Assistant Director of the Office of Student Services to determine if a meeting is necessary and request their initials on the form. Inform each of your course instructors, your Field Supervisor and your Field faculty liaison (if registered for Field Instruction), of your withdrawal. If your situation prohibits you from doing this please inform our office as such.

If the 3 week drop/add deadline has past you must also obtain the last date of participation in each class for which you are enrolled, including Field Instruction, from the course instructor/liaison. Please utilize the last page of this form for this purpose and submit the form in its entirety.

Tuition adjustments are determined by the University Office of the Registrar.

Today’s Date: _____________________________________________

Student Name _____________________________________________

Student id# _______________________________________________

Effective Term of Withdrawal: _____________________________

Reason for Withdrawal: ___________________________________

Are you currently registered/enrolled in the term in which you are withdrawing? (Circle one) YES NO

Any plans to return to the program? (Circle one) YES NO

If yes, please indicate in which term/year you plan to return: ________________________________________

If this is your first term of enrollment in the MSW program has your term of admission been deferred (consult with the Office of Student Services)? (Circle one) YES NO

Any Additional Comments (not required):

Student Signature: _______________________________________

SEE LAST PAGE FOR COMPLETION AFTER DROP/ADD DEADLINE HAS PAST

For office use only
Asst. Dean/Asst. Director of OSS (please initial): __________

Registrar
W/D to URO ___; MPathways ___; FileMaker ___; Email ___; Eligible to enroll ___;
PerceptiveContent: Active ___ Inactive ___
**Student Name:** ___________________________  **Student ID:** ___________________________

**THIS SECTION MUST BE FILLED OUT BY THE INSTRUCTOR**
**AFTER THE DROP/ADD DEADLINE HAS PAST**

*If not completed the Term Withdrawal CANNOT be processed*

*Student must obtain this information from EACH course they are Registered*

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