

University of Maine at Machias
Semester Withdrawal Form

Student's Name: _____ DOB: _____

Address for Future Mailings: _____

Students who are attempting to withdraw from all classes during a given semester, but who **intend to return** the following semester, should complete Section 1.

Section 1: I request permission to withdraw from all classes in which I am currently enrolled for the semester indicated: _____

Student Signature: _____ Date: _____

Advisor Approval: _____ Date: _____

VPAA Approval:* _____ Date: _____

*Necessary only if student is requesting withdrawal after the semester withdrawal deadline. In this case, a letter explaining student's extenuating circumstances should accompany this form.

Students not intending to return to UMM should complete section 2 and meet or speak with a Student Success Advisor in the Advising Center, 2nd floor, Torrey Hall.

Section 2: I request permission to withdraw from the University of Maine at Machias effective _____.

Student Signature: _____ Date: _____

Exit Interview Clearance: Student must meet or speak with and obtain the signature of the Student Success Advisor in the Advising Center, 2nd floor, Powers Hall, before the withdrawal will be considered official:

Student Success Advisor

Date

Students withdrawing from UMM entirely must return their UMM ID card to the Office of Student Life in Powers Hall.

If you have any questions, contact the Registrar at ummreg@maine.edu or call 207-255-1223

Send Completed form imagenow.documents@maine.edu

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Email sent to:

For Office Use Only

Advisor \_\_\_\_\_

Instructors \_\_\_\_\_

Business Office \_\_\_\_\_

Financial Aid Office \_\_\_\_\_

Director of Student Life \_\_\_\_\_

Library \_\_\_\_\_

Loan Officer \_\_\_\_\_

ID Rec'd \_\_\_\_\_

Student Success Advisor \_\_\_\_\_

VA Representative \_\_\_\_\_

Revised 10/06/2020