



THE GRADUATE SCHOOL AT UMBC

REQUEST FOR WITHDRAWAL FROM UMBC

WITHDRAWAL FROM UMBC: A written request to withdraw from UMBC must be filed with the Graduate School.

Name: <i>(last,first,M.I.)</i>		Student ID:
Graduate Program:		Degree:
Current Address:		
E-mail Address:	Home Phone: - -	Work Phone: - -
WITHDRAWAL FROM UMBC Effective: _____ Semester: _____ Year: _____		
Reason for request:		

ACKNOWLEDGEMENT/APPROVAL SIGNATURES		
Please type and sign		
Student:	Signature:	Date:
Graduate Program Director:	Signature:	Date:
Graduate School: Lisa P. Morgan	Signature:	Date: