

Semester Leave/University Withdrawal

Please complete this form if you wish to withdraw from all enrolled classes (Term Withdrawal) and/or discontinue your enrollment at the University of Southern Maine (University Withdrawal). Return form to the Office of Registration and Scheduling Services.

Student Name: _____ MaineStreet ID: _____ Date of Birth: _____

Mailing Address: _____

USM E-mail Address: _____@maine.edu Phone: _____

Important Considerations Regarding Term Withdrawal and University Withdrawal:

Yes No

Are you receiving Financial Aid? Contact *Student Financial Services* if you are receiving financial aid or have questions about other financial implications of withdrawing. **Contact : (207) 780-5250**

Do you reside in USM Residence hall? Contact *Residence Life* if you live on campus and have questions about how withdrawing may affect your on-campus housing. **Contact : (207) 780-5240**

Are you receiving VA Benefits? Contact the Military-Affiliated Student Hub if you receive VA benefits and have questions about how withdrawing may affect your benefits. **Contact : (207) 780-4471**

Semester Leave (Term Withdrawal)

I wish to withdraw from all classes in which I am currently enrolled. Current term/ year: _____

When a student withdraws from all courses, charges are reduced in accordance with schedules established by the University of Maine System Board of Trustees. Subsequently, financial aid recipients may require further adjustments based on their time in attendance. See website for details. Leave (withdrawal) date is the date that Registration & Scheduling Services is notified in writing.

Future Term Action

Choose one:

I intend to return to the University of Southern Maine for the _____ (term and year)

I do not intend to return to the University of Southern Maine. (Complete the **University Withdrawal** section below)

University Withdrawal (Discontinuation of Degree Program)

Please note: Readmission is required to return to a degree program after discontinuation.

I wish to withdraw from the University of Southern Maine effective _____ (term and year) for the following reasons: (check all that apply)

Transfer to another institution

Financial Reasons

Personal Reasons

Other _____

Medical Reasons

Please share any additional information about your experience at USM: _____

Student Signature: _____

Date: _____

Office Use Only:

Form Received By: _____ Date Received: _____