

SEMESTER LEAVE FORM

Instructions: Use this form only if you wish to withdraw from classes for the semester indicated. Complete this form and take it to Registration & Scheduling Services. If you live on campus, please be sure to inform Resident Student Services. Be aware that most students are eligible to return without re-application. See the catalog for details.

When a student withdraws, charges are reduced in accordance with schedules established by the University of Maine System Board of Trustees. Check the catalog for details. If you are eligible for a refund, reimbursement will be made within 30 days. Checks are mailed to your permanent address, as maintained by Registration & Scheduling Services. If payment was made by Bankcard, that card will be credited. After withdrawing for the semester, you may still owe monies to the University. Check with Student Financial Services for details.

Non-attendance does not constitute notification of intent to apply for leave status. Leave (withdrawal) date is the date that Registration & Scheduling Services is notified in writing. After the eighth week of classes for spring or fall semester a grade, to be determined by the instructor, will be assigned for courses withdrawn.

MaineStreet ID # (7 digits)

Fall ____ Spring ____ Year _____
(Semester of withdrawal, please check)

NAME

Date Completed: _____

MAILING ADDRESS

LEVEL:
 Undergraduate
 Graduate
 Law

TELEPHONE NUMBER

REASON FOR LEAVING:
 Academic
 Death in Family
 Employment
 Financial
 Illness ___Self ___Family
 Leaving Area
 Marriage
 Maternity Leave
 Military
 Personal
 Transfer - Internal _____
 Transfer - External _____

	YES	NO
Are you receiving VA benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving Financial Aid?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a loan while at USM?	<input type="checkbox"/>	<input type="checkbox"/>
Do you reside in a USM residence hall?	<input type="checkbox"/>	<input type="checkbox"/>

Dorm
Have you notified your academic advisor?

Advisor Name

Student Signature: _____

Date Signed: _____

Student Comments:

(Attach separate sheet if more room is needed)

Signature of University Official: _____

Date Signed: _____

