UNIVERSITY OF SAINT MARY OF THE LAKE

OFFICE OF ACADEMIC AFFAIRS

WITHDRAWAL (FROM THE UNIVERSITY) FORM

First Name:	Last Name:
Student ID #:	Phone #:
Email Address:	

Reason for the withdrawal

Before submitting this form, please be mindful of Deadline dates (both Academic & Financial)

- Read the withdrawal policy at https://usml.edu/academic-affairs/tuition-and-fees/
- Return this form to the Registrar's Office for processing.
  - Mail to: University of Saint Mary of the Lake, Registrar's Office, 1000 East Maple Avenue, Mundelein, IL 60060, OR
  - Email, registrar@usml.edu; OR
  - Fax: (847) 932-3305
- You will be required to reapply if you wish to come back to the University.

☐ **I have read and understood the above information.**

Student's Signature:	Date:

FOR OFFICE USE ONLY

Enrollment start date _____ Withdrawal date _____

Withdrawn by _____