



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](mailto: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:
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FOR OFFICE USE ONLY

Withdrawn by: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_