

University of Detroit Mercy
Total Withdrawal from all courses and the University
Use this form to completely withdraw from the semester and the University.

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Student ID Number: T0 _____ Semester of Withdrawal: ' Fall ' Winter ' Summer 20 _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone:

I understand and acknowledge the following:

By completing this form, I am authorizing the Office of the Registrar to drop all enrolled courses for the semester identified on this form, and drop any courses registered in a future semester.