



END OF SEMESTER WITHDRAWAL

LAST NAME		FIRST NAME	MI	CLASS	STUDENT ID NUMBER
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I will not enroll in the University of Massachusetts Amherst for the semester of ____ fall ____ spring _____ year. This is authorization to cancel scheduling and financial aid for me for that semester. I will contact the Housing Assignment Office to cancel my housing contract (this cancellation may be subject to a cancellation fee).

- Students who will be student teaching must register.
- Students who are planning to complete elsewhere the requirements for a UMass Amherst degree must immediately contact the Senior Staff in 207 Whitmore Administration Building. Select withdrawal reason #4.
- Students who wish to return to the University after an end-of-semester withdrawal MUST submit a readmission application and fee by the readmission deadline. (*For Fall: April 1 for on-time registration. For Spring: October 15 for on-time registration.*) Readmission applications are available from the Registrar's Office, 213 Whitmore.

REASON FOR WITHDRAWAL (circle one)

- | | |
|---------------------------|------------|
| 1 difficulty with studies | 5 personal |
| 2 financial | 6 military |
| 3 transfer | |
| 4 sr yr in absentia | |

STUDENT SIGNATURE