

**UNIVERSITY OF MASSACHUSETTS BOSTON
REGISTRAR'S OFFICE
UNIVERSITY WITHDRAWAL FORM
GRADUATE STUDENTS**

It is the student's responsibility to secure the required clearance signatures below. The withdrawal will become effective the date that the **completed** form is received by this office. If you plan to return, you should be aware that in order to remain active in your program you must pay the program fee for any semester following your withdrawal that you will not be enrolled in courses. Students who do not maintain continuous enrollment by paying the program fee will be required to apply for readmission, and, if approved for readmission, you will be obligated to pay all accumulated program fees as well as the readmission fee. Eligibility for readmission is limited to students who were in good standing and who are within the time limit for completion of the degree. Readmitted students are subject to the policies and requirements in effect at the time of readmission.

UMS # _____ SOCIAL SECURITY NUMBER _____

NAME _____
Last First M.I.

ADDRESS _____
Street

City State Zip Code Telephone Number

PROGRAM _____

REASON FOR WITHDRAWAL _____

DO YOU PLAN TO RETURN TO YOUR GRADUATE PROGRAM? YES _____ NO _____
Sem./Yr.

STUDENT SIGNATURE _____

1. Graduate Program Director _____ Date _____

2. Financial Aid Services _____ Date _____

One Stop/Registrar Signature _____

Date Received _____