## TERM WITHDRAWAL

**Name:**

**ID#:**

**Classification*:**

**Last**  
**First**  
**Middle**

**Permanent Address:**

**Mercer Email:**

**Home Phone:**

**Personal Email:**

**Additional/Cell Phone:**

Read the two following statements. Check and complete the one that applies to your withdrawal:

- I request withdrawal from **all my courses** in the current term of Fall [ ] Spring [x] Summer [ ] 20[ ]
  
  because:

- I will **complete the current term** of Fall [ ] Spring [ ] Summer [x] 20[ ], but will not return next semester.
  
  because:

I plan to return to Mercer:  No [ ] Yes [x], for the Fall [ ] Spring [ ] Summer [ ] 20[ ] Term.

(Absence of more than one semester requires readmission to the University)

I am aware of the conditions for term withdrawal as stated in the University Catalog. I understand that in order to receive grades of **“W”** on my academic records, I must resign by the dates stated in the University Academic Calendar. The effective date of withdrawal may result in proration of tuition and other charges and of Financial Aid awarded for the term. University Housing contracts must be canceled directly with that office.

**Withdrawal from the term is effective the date this signed form is received by the Office of the Registrar with all required signatures.**

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>*Academic Advising Services:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Signature required for freshmen

For any exceptions to withdrawal dates or policies, the Associate Dean of the student’s primary program must complete and sign this section.

- Student is withdrawing after the deadline and is granted grades of **W** for course(s) for the term

- Due to extenuating circumstances, the effective withdrawal date is

**Associate Dean:**

**Date:**

**Office of the Registrar: Received Date:**

**Effective Date:**

**Vue Processed**

**By:**

**Holds:**

**Offices Listed Below Notified by Fax:**

**On Date:**

**By:**

**Auxiliary Services** • Bursar • Financial Planning • Library • Mail Room • Residence Life • Student Loans

Original - Registrar  •  Copy - student

(04/13) mm