Mount St. Mary’s University  
EMMITSBURG, MARYLAND  

WITHDRAW FORM

Student’s Name: ________________________________________________

ID or SS# ________________________________________________________

Course: ___________________  Semester: _____________________________

Please indicate approval by signing this form. The grade will become official when the proper signatures have been obtained.

Student Signature: ___________________________ Date: ______________

Instructor: _________________________________ Date: ______________

Director: _________________________________ Date: ______________

Recorded in the Registrar’s Office  Date