



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**