Mount St. Mary’s University
EMMITSBURG, MARYLAND

GRADUATE 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