



Mount St. Mary's University
EMMITSBURG, MARYLAND

GRADUATE WITHDRAWAL 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