

**UNIVERSITY OF ST. MARTIN
REQUEST FOR TOTAL WITHDRAWAL**

STUDENT NAME: _____

STUDENT ID #: _____ **DATE :** _____

PROGRAM: _____

The above student is hereby requesting total withdrawal from all courses for the _____ semester.
Semester *Year*

This withdrawal is temporary and student is expected to re-enroll within the next two semesters. Student understands if s/he does not enroll within a year of this request s/he must re-apply for admission. Application for re-admission must be done at least two weeks in advance of the registration period for the term student wishes to re-enroll.

The above student is hereby requesting total withdrawal from the University.

REASON FOR THIS REQUEST: (Please state clearly your reason(s) for withdrawal.)

Student Signature

Registrar / Dean

Please note that total withdrawal may not release you from your financial obligations to the university. Check with the university's Business Office for further information on the refund policy.

Withdrawal goes into effect as of the date the Registrar receives your **written** request.