



UNIVERSITY OF MASSACHUSETTS LOWELL

WITHDRAWAL FROM UNIVERSITY

I.D. # UMS \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST M.I. YEAR MAJOR

ADDRESS (LOCAL) \_\_\_\_\_ ADDRESS (HOME) \_\_\_\_\_

PHONE # (LOCAL) \_\_\_\_\_ PHONE # (HOME) \_\_\_\_\_

<u>BENEFITS:</u>	YES	NO
1. VETERANS	<input type="checkbox"/>	<input type="checkbox"/>
2. SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>
3. FINANCIAL AID (G-SL-BEOG, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

REASON FOR WITHDRAWAL \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
REGISTRAR

Please return the form to: University of Massachusetts Lowell, Registrar's Office, 883 Broadway St., Lowell, MA 01854-5129 or fax to (978) 934-4076.

Withdrawal date will be the date the Registrar's Office receives the form. Please check academic calendar for tuition refund dates.