

REQUEST FOR WITHDRAWAL

UNIVERSITY OF NEW ENGLAND

Name: _____ Personal Reference Number (PRN): 910 _____

Campus: ☐ Biddeford ☐ Portland ☐ External (Off Campus or Distance Ed) College: ☐ CAS ☐ WCHP ☐ COM ☐ COP ☐ CGS

Level: ☐ Undergraduate ☐ Graduate ☐ Certificate or Other _____

Program and Major: _____

UNE Policy Regarding Withdrawal Notification: All matriculated students who wish to withdraw from the University of New England must complete the notification documentation available from your respective Program/School Director, Student Affairs, or the Office of the Registrar. **Petitions require the authorization of designated academic and administrative authorities. The effective date of withdrawal will be determined by the date this form is received in the appropriate Academic Dean's office.**

Student responsibilities include: a) knowledge of the University's policies regarding refund of tuition and/or fees as stated in your respective catalog; b) return of University identification (ID) card to the Office of Student Affairs; c) return of any University keys in your possession to the appropriate departments. The University reserves the right to withhold the issuance of refunds and transcripts until the process has been completed. Following withdrawal, any student wishing to re-enroll at the University of New England must apply through the Office of Admissions.

Proposed Date of Withdrawal: _____

Reason for Withdrawal: _____

Address for Correspondence: _____
Address

City

State

Zip

By signing below I acknowledge that advisor, department chair, continuing education, or dean's signatures below only address considerations related to academic policy. Financial policies regarding withdrawal/LOA refunds are governed by approved policies without exception.

Student Signature (required): _____ Date: _____

Your Withdrawal requires APPROVALS OF THE academic and administrative authorities below. There are suggested contacts, also shown below, which will be helpful to you as you process your withdrawal.

REQUIRED SIGNATURES		
Academic Advisor/Advisor Liaison (Undergraduates only):		
Signature _____	Date _____	
Program/School Director or Department Chair: _____ Date _____		
Office of Student Affairs or UNECOM Office of Recruitment, Student, and Alumni Services:		
ID collected ☐ Yes ☐ No		
Signature _____	Date _____	Reason Code _____
SUGGESTED CONTACTS		
If applicable, contact the following offices: Financial Aid (financial aid recipients only); Work Study/Campus Employer: Notify employer; Housing (Univ. housing-contracted only); Mail Services (Turn in mailbox key) Student Accounts (Biddeford) or Student Registration /Financial Services Center (Portland): Advice on billing or refund questions. Registrar's Office: Order transcript if necessary. Dining Services: (Commuters) Arrange for refund of money applied to your declining balance account. Library: Return books and other materials. Campus/Finley Center: Empty locker/ return lock.		

FINAL ACKNOWLEDGMENT OF WITHDRAWAL Official Effective Date of WD: _____

Signature: _____ Date: _____
Academic Dean or Designate

As an official record of enrollment, the original of this document is made part of the permanent student record in the Office of the Registrar at the home campus. The student should pick up a completed copy from the Office of the Registrar at their home campus. If, within 10 days, you have not received a letter from your Academic Dean acknowledging receipt of your withdrawal form stating your official withdrawal date, contact the Academic Dean's office immediately.