michigan school of psychology

Semester Withdrawal/Drop Form

Name_____

Semester_____ **Academic Year** _____ **Program** _____

Address:

Phone:

Email:

Definitions:

Dropping a class(es):

- Dropping a class(es) during the full or partial tuition refund time frame.
- Dropped classes are completely removed from the student's transcript.

Withdrawing from a class(es):

- After the final drop date, students may withdraw from class(es), through the final day to withdraw.
- A grade of "W" will be noted on a student's transcript for each withdrawn class.
- There is no tuition refund for withdrawn classes.

Drop and withdraw dates are noted on the MSP Academic Calendar (https://msp.edu/student-services/office-of-the-registrar/academic-calendar/).

I am withdrawing/dropping all of my classes from the _____ semester at MSP.

Do you plan on returning to MSP? _____ If yes, when? _____

Is drop or withdraw due to (check one):

☐ Academic

☐ Non-Academic

If non-academic (check one):

☐ Financial ☐ Health ☐ Family ☐ Personal

☐ Other: _____

Review and initial next to each of the following statements.

____ I understand the terms and conditions of my drop or withdrawal.
____ I understand that I need to meet, if applicable, with the Director of Clinical Training to discuss any implications of dropping or withdrawing from practicum or internship and any steps needed to move forward.
____ I understand that if I am receiving financial aid that I should consult with the Director of Financial Aid to determine the impact of a drop or a withdraw on my award and repayment.
____ I understand that all tuition, fees, and any other outstanding balances owed to MSP will be deducted from any refund owed me.
____ I understand that any outstanding balances owed to MSP are due within in 30 calendar days of the drop or withdraw.
____ I understand that I am responsible for checking my account in Empower to determine any outstanding balances owed.
____ I understand that balances not paid in full within 30 calendar days will result in a hold placed on my academic record preventing future registration.

Student Signature: _____ Date Signed: _____

Office use only - Return original to Registrar

Last Date of Attendance _____ Library Clearance_____

Library Fees $_____

Title IV Recipients Loan Funds returned to Lenders on _____ by _____

Ending Balance Due by Student $_____ Date Payment Received_____

Notifications sent to: Registrar [ ] Financial Aid [ ] Clinical Training [ ] Student Accounts [ ] IT [ ]
Effective Withdrawal Entered: ____ / ____ / _____