



Separation Request Form

(For use by current/returning students only. New students should contact the Undergraduate or Graduate Admissions Office)

OFFICE USE ONLY:	
Processed	_____
MU	NSC

Please return this form to: Office of the Registrar
 Rowley Hall
 Fax: (703) 516-4505
registrar@marymount.edu

Date separation should take effect: Immediately End of the current semester Future semester_____

Name: _____ Student ID: _____

MU Email: _____@marymount.edu Telephone Number: _____

Date of Enrollment (Year/Semester) _____ Current Major: _____

Class Level: Freshman Sophomore Junior Senior

Residency Status: **Resident*** Commuter International Athlete

*Student must contact OCRS if Resident box is checked

Enrollment Status: Full-time Half-time Less than half-time

Student Type: (if applicable)

Reasons for Separation (check all that apply):

Personal Financial Medical Family Emergency Prefer Larger School

Change of Major Job Change/Transfer Military Too Far from home

Moving Out of State Other _____

Please explain:

Do you intend to enroll in another institution? Yes No

Name of new institution: _____ Major: _____

Reasons for choosing this institution: _____

I request to withdraw from Marymount University.

Signature

Date

Associate/Assistant Dean Signature
 (this form will **not** be accepted without a signature or prior email approval)

Date

Office of the Registrar
 2807 North Glebe Road
 Arlington, VA 22207

Phone: (703) 284-1520
 Fax: (703) 516-4505
registrar@marymount.edu