



Separation Request Form

After obtaining your Associate Dean's signature, please return this form to: Office of the Registrar, Rowley Hall
Fax: (703) 516-4505
registrar@marymount.edu

Today's Date: _____

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

Name: _____ Student ID: _____

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

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

Class Level: Freshman Sophomore Junior Senior Graduate Student

Residency Status: Resident* Commuter

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

Student Type: International Athlete
(if applicable)

***Student must contact Student Living if Resident box is checked.**

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 Dean Signature

(this form will **not** be accepted without this signature)

Date

OFFICE USE ONLY:
Processed by _____
Date _____
NSC _____