



Office of the Registrar
1400 Coleman Ave • Macon, GA 31207- 0001
Phone (478) 301-2494 • Fax (478) 301 - 2455

TERM WITHDRAWAL

Name: (Last) (First) (Middle) ID#: Classification*:

Permanent Address:

Phone: E-Mail:

Read the two following statements. Check and complete the one that applies to your withdrawal:

I request withdrawal from all my courses in the current term of Fall " Spring " Summer " 20 because

I will complete the current term of Fall " Spring " Summer " 20, but will not return next semester because

I plan to return to Mercer: " No " Yes, for the Fall " Spring " Summer " 20 term (Absence of one calendar year requires readmission to the University)

I am aware of the conditions for term withdrawal as stated in the University Catalog. I understand that in order to receive grades of "W" on my academic record, I must resign by the dates stated in the University Academic Calendar.

Withdrawal from the term is effective the date this signed form is received by the Office of the Registrar.

Student Signature: Date:

Advisor Signature: Date:

*Academic Advising Services: Date:

Signature required for freshmen

For any exceptions to withdrawal dates or policies, the Associate Dean of the student's primary program must complete and sign this section.

" Student is withdrawing after the deadline and is granted grades of W for courses for the term

" Due to extenuating circumstances, the effective withdrawal date is

Associate Dean: Date:

Office of the Registrar: Received Date Effective Date SIS Processed By

Holds:

Offices Notified:

Auxiliary Services Bursar Financial Planning Library Mail Room Residence Life Student Loans