# Withdrawing/Statement of Non-enrollment from the University of Minnesota, Morris

Find the deadline to withdraw without college permission at morris.umn.edu/registrar/calendar

NOTE: If you are withdrawing after the 10th week of the semester, you must also submit a Petition to Withdraw after the Deadline for Non-Academic Reasons.

## Instructions

Return completed form to the Office of the Registrar by:

**Mail:**
Office of the Registrar  
600 East 4th St  
Morris, MN 56267

**Fax:** 320-589-6025

**Email:** ummregistrar@morris.umn.edu  
(NOTE: emails only accepted if sent from your University-assigned email account)

If completing this form electronically, place cursor in gray areas and begin typing.

## Form Fields

<table>
<thead>
<tr>
<th>ID Number</th>
<th>Student Name (last, first, mi)</th>
<th>University email @umn.edu</th>
<th>Phone</th>
</tr>
</thead>
</table>

### Complete SECTION 1 and SECTION 2

If you are only notifying us that you do plan on returning to UMM, complete only Section 2

#### SECTION 1:

- [ ] I authorize the cancellation of all my classes for:
  - [ ] Fall Term
  - [ ] Spring Term
  - [ ] May/summer Term
  - Year: ______

#### SECTION 2:

- [ ] I plan to return within one term and would like registration information sent to me for: Term/Year

- [ ] I plan to return after more than one term and would like to request a leave of absence. *(With a planned and approved Leave of Absence on file, student will not be required to apply for readmission.)*

- [ ] I plan to return, but I am unsure of what term. *(Students who interrupt their enrollment for more than one semester without a Leave of Absence must submit a readmission application form to the Office of Admissions to be considered for readmission.)*

- [ ] I do not plan on returning to UMM after: Term/Year  
  
  Note: You will be inactivated as a student.

### Reason for withdrawing (optional):

______________________________

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**Student Signature**

(A signature is not required if form is emailed from your University-assigned email account)

**Date**

Note: The following offices will be notified and future services may be impacted:


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**Office use only:**

Onestop: ___________________________  

Financial Aid Office authorization: ___________________________  

Classes canceled on ___________________________ as of ___________________________

Disc row (if applicable) by: ______________  

Notified ummcancel@lists by: ______

*The University of Minnesota is an equal opportunity educator and employer.*