

**THE UNIVERSITY OF MICHIGAN-FLINT
OFFICE OF THE REGISTRAR**

303 S. Saginaw Street • Flint, Michigan 48502 • Phone: (810) 762-3344 • Fax: (810) 762-3346

DISENROLLMENT FORM

PLEASE PRINT

NAME _____ STUDENT ID# _____ MAJOR _____ TERM _____

ADDRESS _____
Street City State Zip Phone

Please check one of the following:

I have attended at least one of my registered classes this term.

I have not attended any of my registered classes this term.

If you are receiving Financial Aid, you must notify the Financial Aid Office of your decision before disenrolling.

Would it be useful to discuss your disenrollment with someone in the Academic

Advising Center? YES NO (Graduate student with questions and/or problems, please contact the Office of Graduate Programs, 221 French Hall or call (810) 762-3171).

For what reason(s) are you leaving? (Please check all that apply)

Work Responsibilities

Health

Personal/Family

Housing

Financial

Dissatisfied with academic progress

Dissatisfied with policies & procedures

Transferring to _____

Do you plan to return to UM-Flint? YES NO If yes, when _____

If not, why? _____

I accept and understand all fees that are associated with this disenrollment.

SIGNATURE _____

DATE _____

OFFICE USE ONLY
CC: ACADEMIC ADVISING CENTER

BANNER _____

INITIAL _____

DATE STAMP