WITHDRAWAL FORM

For Information on withdrawing go to: withdrawal.uwm.edu
Withdrawal deadlines & tuition/fee implications go to:
regcalendar.uwm.edu Questions: contactro.uwm.edu

Please complete all information.

This form is not required prior to the drop deadline for the term. You can withdraw online by dropping all of your classes for the term on PAWS.

Print Name Here: ________________________________ ________________________________ ________________________________ 
   Last               First                  Middle

UWM Campus ID #    (No SS#): __ __ __ __ __ __ __ __ __ __ __ __

Student Signature: ________________________________ Date: __________

Contact Information:
Email: ________________________________ Phone: ________________________________
Address: ________________________________
City: ________________________________ State: __________ Zip: ________________________________

Withdrawal from:
Year (One semester per form only): ______   Semester: □ Fall   □ UWinteriM   □ Spring   □ Summer

Reason for Withdrawal:
□ Financial Difficulties (students are responsible for any tuition/fees due at time of withdrawal)   □ Health Reasons
□ Other ________________________________

Enrolled at another school: specify school’s name: ________________________________

Military Call-Up/Activation: Contact vets@uwm.edu for further information

Fax to: 414-229-6940
Mail to: Registrar's Office
   UW Milwaukee
   PO Box 729
   Milwaukee, WI 53201

Please Note: The withdrawal will be processed as of the date this form is received by the Registrar’s Office.
To verify receipt and processing check your Student Center- click enroll and select a term a red box will appear when processed.

DO NOT WRITE IN SPACE BELOW – FOR OFFICE USE ONLY

SCHOOL/COLLEGE APPROVAL: ________________________________
   ________________________________
   ________________________________
Today’s Date: ________________________________

DATES: 
Fax Date: ________________________________
Postmark Date: ________________________________
Last Drop Date: ________________________________

REGISTRAR’S OFFICE:
   Date Processed: ________________________________
   Tuition Calc:
   Comments: