University of Missouri

Office of University Registrar (OUR)
125 Jesse Hall, Columbia, MO 65211
573-882-7881, 573-884-8382 (fax)
umcunivregistrarwr@missouri.edu

Term Withdrawal Form

- This form is used to withdraw from all courses for the semester.
- If the student wishes to remain enrolled in one or more courses, or if the student has already completed one or more courses for the semester, then the University Course Withdrawal Form should be used instead.
- A separate form must be used for each term and for each career (undergraduate, graduate, etc) in which you are requesting term withdrawal.
- Before students withdraw, they should consider any possible impact on status, eligibility, and services, and should contact applicable offices such as Cashiers, Student Financial Aid, Veterans Center, Residential Life, Athletics, International Center, and personal insurance carriers.
- Students should check with their academic area for withdrawal approval and to see if additional forms are required.
- Faculty will assign a grade of W or F based upon performance at the time the student withdraws. Before withdrawing from a course, it is recommended that students verify with their instructor which grade will be assigned.

(Step 1) Students complete their section including entering your name/number in the right hand margin.
(Step 2) Students contact their academic area for appropriate signatures.
(Step 3) The completed form is submitted to the Office of the University Registrar (OUR).

The form must include all signatures to be accepted by the OUR. The withdrawal process is not considered complete until the OUR accepts the form. Students enrolled on campus need to submit their forms in person. Off campus students also have the option to submit the signed form by fax, or scan and email it.

Student *(print clearly)*

Name (Last, First) _____ Student number _____

Career (select one): Undergraduate Graduate Law Medicine Veterinary Medicine

Term (indicate year next to applicable term): Spring _____ Summer _____ Fall _____

Indicate whether you attended at least one class or completed at least one lesson for any course in which you were enrolled for the term (select one): Yes No

Reason for term withdrawal: _____

Student's Signature _____ Date _____

If you are a . . . . . Submit your completed form to . . . . . .
degree seeking Undergraduate student .....your Academic Advising Unit (see advising.missouri.edu for details)
non-degree Undergraduate student .....the Office of the University Registrar (OUR)
degree seeking Graduate student .....your academic program advisor, then Graduate Studies Dean's Office
non-degree Graduate student (post bac).....the Graduate Studies Dean's Office
Professional student.....your Dean's Office

Academic Area

The academic area must complete this section. The form must be submitted to Office of the University Registrar (OUR) within 24 hours of the approval, or 5:00 pm on the last day to withdraw from the term per Faculty Council Policy, whichever comes first.

Date student initiated term withdrawal process (Effective withdrawal date): _____

Approving individual: Name _____ Signature _____

Dean's signature stamp _____ Approval Date _____

Office of the University Registrar

Steps: (1)___ (2)___ (3)___ Date processed Initials _____ (1/23/20)

Student Name (Last, First) _____

Student # _____